# SAMRA UNIVERSITY OF ORIENTAL MEDICINE

## LEAVE OF ABSENCE / WITHDRAWAL FORM

TERM : ❑ Winter ❑ Spring ❑ Summer ❑ Fall
20____

SECTION: ❑ Chinese ❑ English ❑ Korean

Name:_____ ID # _____

**CHECK ONE:**

❑ Leave of Absence Notice
❑ Official Withdrawal from Program

**REASON CODE:**

❑ Medical/Health reasons
❑ Family condition
❑ Financial condition
❑ Personal / Other reasons, please specify: _____

_____

_____

**DATE OF EFFECTIVITY:**
Beginning Date:_____ Ending Date:_____

I fully understand that I must re-apply for admission if my leave of absence extends beyond three quarters (nine months), or in case of withdrawal from the University. I am then responsible for the curriculum requirement which is set forth in the CATALOG current at the time of re-admission.

I am also aware that I should settle any outstanding accounts that I may have to the University.

Student's Signature: _____ Date: _____

Copies: White: Registrar
Pink: Financial Aid
Yellow: Business office
Golden Rod: Student