

STUDENT INFORMATION (To be completed by Student)	
NAME:	SIUE 800 NO:
EMAIL:	TELEPHONE #:
Degree Level Bachelor's Master's Doctoral Other	Major Field Of Study:

What are you planning?

Leave of Absence

You are withdrawing from classes or do not plan to enroll in classes, but you plan to enroll again in the future.

Withdrawal

You are withdrawing from classes or do not plan to enroll in classes, but you do **not** plan to enroll again in the future.

To be completed by the Academic/Faculty Advisor:

Required credit hours remaining:

As the Academic/Faculty Advisor, I certify that the student has informed me of his/her intention to withdraw from classes permanently or take a temporary leave of absence.

Name _____ Title _____ Date _____

Signature _____ School or Department _____

Phone _____

To be completed by the International Student Advisor:

As the International Student Advisor, I certify that the student has informed me of his/her intention to withdraw from classes permanently or take a leave of absence. I have reviewed all leave of absence/withdrawal policies with the student.

Signature _____ Date _____

All sections of this form must be completed before presenting it at the SIUE Service Center to withdraw from courses.