

**MONTERRAT COLLEGE OF ART**  
**Request for Official Leave of Absence/Withdrawal**

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LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

- I WISH TO WITHDRAW FROM THE COLLEGE  
 I AM REQUESTING A LEAVE OF ABSENCE FOR:       ONE SEMESTER       TWO SEMESTERS

My Leave of Absence/Withdrawal is effective:     immediately                       as of : \_\_\_\_\_

- REASONS FOR TAKING THIS LEAVE OF ABSENCE/WITHDRWAL (check any/all that apply):  
 Academic     Financial     Family/personal illness     Personal     Other (please explain)

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<b>Obtain clearance signatures and date from:</b>	<b>Signature</b>	<b>Date Recorded</b>
Academic Advisor	_____	_____
Director of Housing and Residential Life	_____	_____
Library	_____	_____
Financial Aid	_____	_____
Business Office	_____	_____
Dean of Students	_____	_____

Official Date as Determined by Dean of Students for Mid-Semester Leave of Absence/Withdrawals \_\_\_\_\_

Last Date of Class Attendance as Determined by Faculty \_\_\_\_\_

Registrar \_\_\_\_\_ Date Mid-Semester Course Withdrawals Processed \_\_\_\_\_

YOUR ADDRESS (where you can be reached with information regarding re-enrollment – include zip code):  
\_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_