



Enrollment Services
125 Michigan Avenue NE
Washington DC 20017
 202.884.9530 fax: 202.884.9524

Request for Leave of Absence or Complete Withdrawal from Trinity

Name: (F) _____ (M) _____ (L) _____

PC ID # or SSN: _____ Current Semester & Year: _____

I am requesting a: Leave of Absence Complete Withdrawal from Trinity

If you are requesting a Leave of Absence, when do you intend to return? _____

Are you currently enrolled? ____ Yes ____ No

If Yes, do you wish to withdraw from these courses ____ Yes** ____ No

****If you wish to withdraw from courses this semester, complete the back of this form.**

Please check the reason(s) you are requesting a change of status (check all that apply):

- Medical Leave (For a medical leave of absence, you must provide appropriate documentation.)
- Trinity does not offer my intended major (Indicate intended major: _____)
- Family issues Personal issues
- Loss of employment (off campus) Loss of campus employment
- Leaving for military duty Leaving to work full time
- Moving outside of DC area Do not have child care
- Trinity's courses are too challenging Trinity's courses are not challenging enough
- Decrease in tuition assistance Lack of tuition assistance
- Seeking different type of college environment Problems with residence halls
- Required to withdraw for disciplinary reasons Required to withdraw for academic reasons
- Commute to Trinity too expensive/too far Transferring to another college

If you are transferring to another institution, please indicate where you will be transferring and why:

NOTE: If you are receiving any type of financial assistance you are required to have an exit interview with a financial aid officer. Your transcript cannot be forwarded to another institution if your financial account is not clear. Please check with the business office to settle outstanding bills.

Enrollment Services Signature: _____ Date: ____/____/____

Dean of Student Services Signature: _____ Date: ____/____/____

Academic Advisor Signature: _____ Date: ____/____/____

Student Signature: _____ Date: ____/____/____

Office Use Only:	Date Received: _____	Entered by: _____	Date: _____
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Student Name: (F) _____ (L) _____

School: CAS SPS EDU

Current Semester & Year: _____

Course ID	Section	Session	Course Title	Last Date Attended

I wish to withdraw from all of my courses this semester. I have listed them above.

Student Signature: _____ Date: ___/___/_____

Please note the following policies regarding withdrawing:

Once the Course Schedule Adjustment period has passed, a course may not be removed from a student's academic record for any reason, but students may still withdraw from a course at any time up to the deadline for withdrawal from all classes; exact dates are listed in the Academic Calendar. This policy is not applicable to Winter and May terms or other intensive sessions; in such cases withdrawal is not allowed after the published Course Schedule Adjustment period.

When a student withdraws from a course, a designation of "W" (Withdrawal) will appear on the student's transcript. Students who fail to withdraw officially or to meet course requirements are liable to receive a grade of "F" (Fail). Students are responsible for the partial or full payment for courses from which they have withdrawn.