



Office of the Registrar
125 Michigan Avenue NE
Washington DC 20017
202.884.9200 fax: 202.884.9210

Request for Leave of Absence/ Complete Withdrawal from Trinity

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

PC ID # or SSN: _____ Current Semester: _____

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

(If withdrawing from courses this semester, please complete the appropriate withdrawal form.)

If you would like a Leave of Absence, when do you intend to return? _____

Are you currently enrolled? ___ Yes ___ No

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.)
___ 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
___ Trinity does not offer my intended major (Indicate intended major: _____)

If you are transferring to another institution, please indicate the institution you are transferring to and the reasons you have decided to transfer: _____

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.

Student Financial Services Signature: _____ Date: ___/___/___

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

Academic Advisor Signature: _____ Date: ___/___/___

Student Signature: _____ Date: ___/___/___

Registrar Use Only: Date Received: _____ Entered by: _____ Date: _____