

Temporary Withdrawal Request

This form is to be used by students requesting a temporary withdrawal from their studies. Reasons may include military obligations, medical/psychological, or personal. This withdrawal is considered to be a temporary interruption in a student's program of study and must be approved by the student's school/college. The request may be made during a semester or after the end of a semester. The duration of the temporary withdrawal may be up to one year (including the summer term). Unique circumstances requiring an absence longer than one year must be discussed and approved by the appropriate Dean. During the withdrawal period, the student becomes inactive and will not be considered an enrolled student. Approval of a temporary withdrawal request is not guaranteed and cannot be approved retroactively. The full policy can be found online in the Creighton University Catalog.

Student Instructions:

1. Meet with the Office of Financial Aid to determine how financial aid and scholarships may be affected.
2. Meet with the Business Office to determine the amount of tuition owed or reimbursed.
3. Meet with Student Health Services to discuss the status of health insurance coverage during absence.
4. Complete, sign and date this request form.
5. Gather documentation if request is due to:
 - a. Military obligations – a copy of the military orders is required.
 - b. Medical/psychological – a letter from a licensed healthcare provider is required.
6. Submit this completed form and any required documentation to one of the following:
 - a. For request due to military obligations - Office of Military & Veterans Affairs
 - b. For request due to medical/psychological/personal reasons – appropriate Dean's Office
7. For re-entry, students should follow the directions at <http://www.creighton.edu/students/studentreentryprocess/>
 - a. Deadlines for re-entry steps include: *July 15th* for Fall, *November 15th* for Spring, *April 15th* for Summer

Student Name: _____ **NET ID:** _____
Last First Middle

Mailing Address: _____
Street City State Zip

Email: _____@creighton.edu **Alternate Email:** _____

Primary Phone Number: _____ **College/School:** _____

Beginning date of temp. withdrawal: _____ **Anticipated return:** _____
Month Day Year Fall/Spring/Summer Year

Last date of attendance (if known): _____

Request due to (check one): Military Obligations Medical/Psychological Maternity/Paternity Leave Personal

Use this space (and back of form if needed) to explain why a temporary withdrawal is being requested:

Student Signature: _____ **Date:** _____

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| <p>Recommendation:</p> <p>Signature: _____</p> <p>Printed Name: _____</p> <p>Division/Office: _____</p> <p><input type="checkbox"/> Deny <input type="checkbox"/> Approve Date: _____</p> | <p>Dean's Office Final Decision:</p> <p>Signature: _____</p> <p>Printed Name: _____</p> <p>School/College: _____</p> <p><input type="checkbox"/> Deny <input type="checkbox"/> Approve Date: _____</p> |
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