Total Withdrawal/Leave of Absence
Regis College – Undergraduate Program

Regis ID:_____

Full Legal Name:_____
Last First Middle

Permanent Address:

Street:_____ Home Phone:_____

City:_____ Cell Phone:_____

State:_____Zip Code:_____ Email Address: _____

Reason for Withdrawal and/or Leave of Absence (check all that apply):

☐ Financial ☐ Military ☐ Personal:_____

☐ Study Abroad:_____
(Institution Name)

☐ Transfer to:_____
(Institution Name)

☐ Other (Please Specify):_____

What could we have done better to keep you at Regis College?

Total Withdrawal:

Complete this section if you are requesting a withdrawal from **all** classes prior to the completion of the current semester.

Withdrawal from **all** classes for the following semester:

☐ Fall ☐ Spring ☐ Summer Semester Year 20☐

Leave of Absence Period:

☐ I **DO NOT** plan on returning to Regis University within two semesters.

☐ I **DO** plan on returning to Regis University within two semesters.

Select the start and end of your leave of absence. If withdrawing during the current semester, your leave of absence starts the following semester.

Start: ☐ Fall ☐ Spring ☐ Summer Semester Year 20☐

End: ☐ Fall ☐ Spring ☐ Summer Semester Year 20☐

Submitted by:_____ Please Select One... Set Date

Office Use Only:

Comments:

Does the student have a meal plan and/or campus housing? ***YES/NO***

We are converting to a new and improved system for forms processing, therefore from May 22, 2013 until further notice this form can only be submitted via fax to 303-964-5536 or emailed as an attachment to registrar@regis.edu with subject line of "Total Withdrawal Leave of Absence".

.If you are having trouble with this form call Student Services Line for assistance. 303-458-4126 or 800-568-8932 or erolsvc@regis.edu .

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