CASE WESTERN RESERVE UNIVERSITY
REQUEST FOR VOLUNTARY LEAVE OF ABSENCE

This form is to be used only if you intend to request a voluntary leave of absence, and are not enrolled in classes for the semester in which you are requesting the leave of absence.

Last Name: _____ **First Name:** _____ **ID#** _____

Term:	
Fall _____ **Spr** _____	**Last semester to be completed:** **Fall Spr Sum** _____
Sum _____	**Tentative semester of re-enrollment:** **Fall Spr Sum** _____ ☐ **N\A**

Permanent Address: _____
(May not use campus address)
_____
_____

Local Address: _____
_____
_____

Phone #: _____

E-Mail: _____

Reason for leave of absence:

_____ _____ _____ _____
Student's Signature **Date** **Dean's Signature** **Date**

In order to ensure that you are properly informed about the ramifications of a leave of absence, please obtain the appropriate signatures from the areas marked below:

☐ _____ Student Accounts Receivable _____ Date

☐ _____ Financial Aid _____ Date

☐ _____ Student Loans _____ Date

☐ _____ Access Services (ID Cards & Keys) _____ Date

☐ _____ Housing & Residence Life _____ Date

☐ _____ Auxiliary Services (Meal Plan) _____ Date

☐ _____ Information Network Services _____ Date

☐ _____ International Student Services _____ Date

Academic Dean's Office Only:

Leave of Absence Approved: _____ _____
Dean's Signature Date

Semester(s) Of Non-Enrollment _____ ☐ **or** **Transfer/Permanent Withdrawal**