



REQUEST FOR LEAVE OF ABSENCE FROM THE OLIN BUSINESS SCHOOL

Name or *(Student this is being completed on behalf of)*:

Student ID #:

Email:

Program:

Advisor:

I am requesting:

Personal Leave of Absence

Medical Leave of Absence

An approved Medical Leave of Absence will not be considered until receipt of a recommendation from Washington University Student health and Counseling Services or the student's personal physician is received.

(If personal) the primary reasons for the absence request are:

Academic Difficulty

Family Crisis

Financial

Pursuing nonacademic interests

Career goals uncertain

Military commitment

Not motivated

Other (List reason):

Is there any other information we should know about your leave of absence?

Student Signature (If applicable)

Date:

Form completed by (If other than the student):

Date:



For Office Use Only

Semester Admitted:

Last Enrolled Semester:

Expected Return:

Good Academic Standing at time of separation:

Yes

No

Current Address:

Telephone number:

Email Address:

Administrative Checklist:

Courses are dropped/withdrawn from

Date:

Withdrawal noted on student record

Date:

Charges removed

Date:

Notifications:

Student

Date:

Advisor

Date:

Student Financial Services

Date:

OISS (If F-1 Visa)

Date:

Dean's Approval:

Date withdrawal is effective: