

The Catholic University of America

Columbus School of Law

Academic Affairs Office

Suite 343 Washington, District of Columbia 20064

(202) 319-6478

Request for Academic Leave, Term Withdrawal or Permanent Withdrawal

Today's Date _____

Name _____ Student ID # _____

Email Address _____

Cell Phone/Contact Number(s) _____

Emergency Contact (name and phone number) _____

Last Date of Class Attendance _____

Requested Action (please check the appropriate box)

Permanent Withdrawal: Permanent separation from the university, with no intent to return.

Academic Leave: Temporary interruption of studies, with the intent to return after the leave is finished. An academic leave may be requested for a future semester(s) or before 11:59 pm on the day proceeding the first day of classes for the nearest upcoming semester.

One semester (Fall ____ or Spring ____) Two semesters (Fall ____ and Spring ____)

Expected semester of return (please circle): Fall 20__, Spring 20__, Summer 20__

Term Withdrawal: Temporary interruption of studies, requested for the current semester, after the first day of classes.

****Please attach a letter stating your reason(s) for requesting an Academic Leave or Term Withdrawal.**

If you are transferring, please list where: _____

When would you like the requested action to be effective? _____ (If you intend to complete your current semester courses, then the requested action is effective after the end of the current semester.)

Signature: _____ Date _____