

Graduate Request for Leave of Absence or College Withdrawal

This form should be completed during an Exit Interview with a Grad Chair or Program Manager (in the chair's absence). Make an appointment with your Graduate Chair or Program Manager. View policy details: [Student Handbook](#)

I am requesting a: **LEAVE OF ABSENCE:** I plan to take one year off and then return to CCA.

COLLEGE WITHDRAWAL: I do not plan to return to CCA.
(This form allows students to withdraw from the college **not** courses.)

Name: _____ Student ID #: _____ Program: _____

Mailing address while on leave: _____
Street City State Zip Code Country

Phone number while on leave: _____ Email while on leave: _____

Are you an international student? **YES** **NO** ([International Student Leave of Absence Policy](#))

Semester you started at CCA: **20**_____ Last semester you completed: **20**_____

Leave of Absence: Which semesters will you be on leave? **Fall 20**_____ **Spring 20**_____ **Summer 20**_____

Reason for Request (Check all that apply): Financial Personal Academic Medical Other

Please explain the reasons for this request: _____

DURING YOUR EXIT INTERVIEW PLEASE COMPLETE THE FOLLOWING:

STUDENT SIGNATURE Please read carefully and sign below

- ▶ I understand that this request is not complete until I have concluded an exit interview, obtained all appropriate signatures, and submitted this completed form to my Graduate Program Manager.
- ▶ I have read and understood the [Leave of Absence & Withdrawal Policies section](#) of the CCA Student Handbook. I further understand that I am responsible for dropping or withdrawing from any classes for the leave/withdrawal semester(s), and that my leave/withdrawal will not be approved until I do so. I understand that if I receive federal financial aid I may be subject to the Return of Title IV Program Funds policy.
- ▶ I understand that if I do not clear up any obligations with these offices, repercussions may include a registration hold which will block me from enrolling in classes until I reconcile business with the appropriate office(s).

STUDENT RECORDS	studentrecords@cca.edu	Confirm that they are not enrolled in classes for the leave/withdrawal semester(s).
STUDENT ACCOUNTS	studentaccounts@cca.edu	All students should check their status with Student Accounts.
FINANCIAL AID	finaid@cca.edu	If you receive financial aid, review your package.
HEALTH + WELLNESS	healthinsurance@cca.edu	If you receive CCA health insurance, review eligibility.

HOUSING, DINING & RESIDENTIAL EDUCATION	resed@cca.edu	If you live on campus, request housing cancellation.
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MEDIA CENTER LIBRARY	mediaservices@cca.edu librarynotices@cca.edu	If you have used the Media Center, verify that your account is in good standing. If you have used the Library, verify that your account is in good standing.
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Student Signature _____ Date _____

CCA SIGNATURES

Program Chair

(or Program Manager in chair's absence) ▶ Name _____ Signature _____ Date _____

Intl Student Affairs & Programs (ISAP) ▶ Name _____ Signature _____ Date _____

(For international students with F-1 or J-1 visa ONLY)