

REQUEST FOR LEAVE OF ABSENCE (LOA) OR COLLEGE WITHDRAWAL

Review policy details in Student Handbook - [Leave of Absence and Withdrawal Policies](#)

Graduate Students meet with your Program Chair and **Undergraduates** meet with [Advising & Planning](#) to complete this form
International Students should [meet with ISS](#) before program chair or advisor meeting

REQUEST Required - Check Box to identify your request.

LOA: I plan to take 1-2 terms off, then return to CCA.
Which term(s) do you plan to be on leave (if requesting a LOA)? **Summer 20** ___ **Fall 20** ___ **Spring 20** ___

NOTE: Students may take a leave of absence from the college for a maximum of two regular consecutive semesters for their designated program. Some exceptions may be approved by Student Records.

College Withdrawal: I do not plan to return to CCA.
I wish to be withdrawn from all currently registered courses.

Student Name: _____ **Student I.D. Number:** _____

Student Non-CCA Email: _____ **Student Program / Major:** _____

Are you an international student? YES NO

Do you live in on-campus housing? YES NO

What is your reason for this request (Please select one)?

ACADEMIC FAMILY FINANCIAL MEDICAL MILITARY SERVICE
PERSONAL PROFESSIONAL OPPORTUNITY TRANSFER OTHER

SIGNATURES (Please read carefully and sign below to acknowledge your understanding)

- I **must obtain signatures** and submit this completed form to my Program Chair/Advisor to finalize my request.
- I have reviewed and understand the **Leave of Absence and Withdrawal Policies** in the CCA Student Handbook.
- If going on LOA, I will **update my contact information** (address, phone number, and email) while on leave in Workday and understand the importance of checking my CCA email regularly for information from the college.
- If withdrawing, I will **review and follow** the steps necessary on the [Technical Offboarding for Departing Students](#) Portal page, knowing that Workday and CCA Google **account access will be disabled 3 months after withdrawal date**.
- I understand that my timeline towards **degree completion will be impacted** and that I should consult with my Program Chair / Advisor prior to my return.
- I understand that I should confer with the following offices prior to my leave and **clear up any unresolved business** with these offices, knowing that repercussions may include a registration hold if not reconciled prior to my return.

STUDENT RECORDS	studentrecords@cca.edu	If you have questions about enrollment / registration.
STUDENT ACCOUNTS	studentaccounts@cca.edu	Confirm that your account is in good standing.
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	housingdining@cca.edu	If you live on campus, request housing cancellation.
MEDIA CENTER	mediaservices@cca.edu	If you have utilized related services, confirm that your account is in good standing.
LIBRARIES	librarynotices@cca.edu	

Student Signature: _____ **Date:** _____

ISS Staff Name: _____ **Signature:** _____ **Date:** _____

*For international students with F-1 or J-1 visa ONLY

(GR) Program Chair Name: _____ **Signature:** _____ **Date:** _____

(UG) Advisor Name: _____ **Signature:** _____ **Date:** _____