The Leave of Absence (LOA) or Withdrawal (WD) process requires the student to submit the form to the Office of Student Affairs.

Legal last name ........................................... Legal first name ........................................... Middle initial ...........................................

Permanent mailing address ........................................... Unit no ...........................................

City ........................................... State ........................................... Zip Code ...........................................

The last date that I attended classes at Otis College was (or will be) ____________________________

Select one:

☐ I am requesting a Leave of Absence  (temporary) ____________________________ semester anticipate returning (must be within one year)

LOA is temporary and taken when a student expects to return after a predetermined period of time. You must be in Good Academic Standing to be eligible for LOA. Undergraduate students may apply for an LOA period for up to one year.

☐ I am requesting to Withdraw  ☐ For more than ONE year  ☐ Permanently with no plans to return

A Withdrawal is taken when a student plans to be away for more than one year or has no plans to return.

Reason / s for Leaving or Withdrawing

☐ Financial ...........................................

☐ Medical: self ...........................................

☐ Medical: family ...........................................

☐ Change of academic goal ...........................................

☐ Transferring to another College ........................................... Name ........................................... State ...........................................

☐ Other ...........................................

Do you receive Financial Aid?  ☐ YES  ☐ NO  Are you currently on Academic Probation?  ☐ YES  ☐ NO

Are you in the Otis’ Housing Program?  ☐ YES  ☐ NO  Are you an International Student with F-1 Visa?  ☐ YES  ☐ NO

Student’s Signature ........................................... Date ...........................................

Please return completed form to Office of Student Affairs

Signature ........................................... date ...........................................

For Office use:  Leave of Absence  ☐ Approved  ☐ Denied  % Refund ...........................................

Academic Standing / Comments ...........................................