Which term(s) do you plan to be on leave (if requesting a LOA)?



**REQUEST** Required - Check Box to identify your request.

## REQUEST FOR LEAVE OF ABSENCE (LOA) OR COLLEGE WITHDRAWAL

Review policy details in Student Handbook - <u>Leave of Absence and Withdrawal Policies</u>

Graduate Students meet with your Program Chair and **Undergraduates** meet with <u>Advising & Planning</u> to complete this form International Students should meet with ISS before program chair or advisor meeting

OA	: I plan to take 1-2	terms off, then return to 0	CCA. Summ	er 20	Fall 20	Spring 20	
		ny take a leave of absence fro lesignated program. Some ex				secutive semesters for	
olleg	e Withdrawal :	I do not plan to return to					
		I wish to be withdrawn from	all currently register	ed courses	ò.		
tude	nt Name:		St	udent I.D	. Number:		
tude	nt <i>Non-CCA</i> Email:_	Student Pro	Student Program / Major:				
A	Are you an internationa	I student? YES NO	Do you	live in on-ca	ampus housing?	YES NO	
/hat is	s your reason for this re	equest (Please select one)?					
	ACADEMIC	FAMILY FINANCIA		MILITARY	SERVICE		
	PERSONAL	. PROFESSIONAL OPPO	RTUNITY TRANS	SFER(	OTHER		
GNA	TURES (Please read co	arefully and sign below to ack	nowledge your under	standing)			
<ul><li>If pa</li><li>I u</li><li>Pr</li><li>I u</li></ul>	withdrawing, I will <b>rev</b> iage, knowing that Woi anderstand that my tin rogram Chair / Adviso anderstand that I shou	portance of checking my CC.  iew and follow the steps neighborhood in the steps neighborhood ind	cessary on the <u>Techr</u> unt access will be d pletion will be impac	nical Offborisabled 3 is ted and the ave and cle	arding for Depa months after wi lat I should cons	rting Students Portal ithdrawal date. sult with my solved business	
STUD	JDENT RECORDS studentrecords@cca.edu If you ha			ave questions about enrollment / registration.			
STUD	ENT ACCOUNTS	ccounts studentaccounts cca.edu Confirm that your account is in good standing.					
FINAN	NCIAL AID	If you receive financia	eive financial aid, review your package.				
HEALTH + WELLNESS healthinsurance@cca.edu If you recei				eive CCA health insurance, review eligibility.			
	SING, DINING + DENTIAL EDUCATION	housingdining@cca.edu	If you live on campus,	ve on campus, request housing cancellation.			
MEDIA	A CENTER	mediaservices@cca.edu	If you have utilized related services, confirm that your account is in good standing.				
LIBRA	RIES	librarynotices@cca.edu					
tude	nt Signature:					Date:	
S Sta	aff Name:		Signature:			Date:	
or int	ernational students with	F-1 or J-1 visa ONLY					
GR) Program Chair Name:			Signature:	ature:Date:			
JG) Advisor Name:			Signature:	nature:Date:			
For Stud	lent Records Office Only***.						
		SRO Name:	SDO Sign	ature		Date:	
,							