

FIVE BRANCHES UNIVERSITY

LEAVE OF ABSENCE / WITHDRAWAL TRACKING FORM

	CAMPUS:	☐ Santa C	Cruz 🗆 S	San Jose	Program:	☐ MTCM	\Box DTCM	☐ DAOM
	TERM:	☐ Spring	☐ Summer	☐ Fall	LANGUAGE:	☐ Chinese	☐ English	☐ Korean
Date		Student's L	_AST Name, F	IRST Name	Student ID#			
	Leave of Absence As of the following	ng date, I w	ill be taking a	leave of absence	e:			
	Anticipated date	of return: _		TERM / YEAR				
	Withdrawal				anches University:	MM/DD/YYYY	·	
	Administrative W As of the following		dent enrollme	ent has been cand	celed:	·		
Under	rstand that a leave I to complete regis	exceeding	180 days will erwork accord	result in an admin ding to published	istrative withdrawal. Ir deadlines. All re-admis and exhaustion of gra	ssion is subje		
Signature: Date:								
orwardi	ng Address:							
Primary I	Phone #:							
Email Ad	ldress:							
	IINISTRATION USE ON							
			Re	gistrar	☐ Last Date of Attend	dance:		_
			Ad	missions	☐ Exit Interview			
			Cli	nic	☐ Appointment Book	ఁ / ☐ No balan	ce due / 🗆 O	utstanding \$
			Lik	orary	☐ No balance due / ☐	Outstanding	\$	_
			Re	ception/Facilities	☐ No balance due / ☐	Outstanding	\$	_
			Fir	nancial Aid	☐ Exit Interview / FA	Director Only		
			Ac	counting	☐ No balance due / ☐	Outstanding	\$	_
			Re	qistrar	Archive Student Reco	ord		