



Leave of Absence Form

Name: _____ Student ID #: _____
Date: _____ Semester of Leave: _____

PLEASE NOTE: This form is only intended to be used by those students intent on re-enrolling during the subsequent semester. If you do not intend on returning, please submit an "Institutional Withdrawal Form," available from the Records office.

If you withdraw from classes during the first week of school, all courses will be deleted from your academic record.

If you withdraw from classes during the second, third or fourth week of school, "W's" will be received for all courses.

If you withdraw from classes after the fourth week of school, "WP's" or "WF's" will be received for all courses as determined by the professor. "WF" grades are calculated into the GPA like "F's." This grade will be obtained from the professor by the Assistant Registrar or the Director of Records.

Please see the Business Office for refund information.

Course Number	Section	Course Title

_____ (initial) I have been counseled regarding the effect withdrawing for the semester will have on financial aid. Please contact Moose Lutes (404) 835-6122 or mlutes@richmont.edu for assistance.

Please see your advisor before submitting this form to the assistant registrar or the assistant to the dean of students. This form will not be accepted without the signatures below. You are encouraged to keep a copy of this form for your records. Please submit this form to the records office.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Director of Financial Aid: _____ Date: _____

Vice President of Finance: _____ Date: _____

Dean/Asst. Dean Signature: _____ Date: _____

Please include a brief statement below stating your reason for your leave of absence from the institution (please use the back of this paper if more space is required):
