

## LEAVE OF ABSENCE / WITHDRAWAL CHECKLIST

The Leave of Absence/Withdrawal Packet is designed to serve as a guide for students considering a Leave of Absence or Withdrawal from the University. Taking a leave of absence or withdrawing from college is a major decision with significant implications. A representative from Student Success will meet with you to ensure awareness of all options and information when making this critical decision.

<b>CHECKLIST</b>		
<b>STUDENT SUCCESS</b>		<b>Contact Information</b>
<input type="checkbox"/>	<p>Make an appointment with a representative from Student Success to discuss the following:</p> <ul style="list-style-type: none"> <li>• Reasons for withdrawing or taking a leave of absence.</li> <li>• Address the possibility of alternative courses of action.</li> <li>• Determine the academic effects of withdrawing or taking a leave of absence, i.e., incomplete work, loss of academic credit, etc.</li> <li>• Determine requirements and deadlines if faculty members provide an Incomplete (I) grade in coursework.</li> <li>• Discuss your plans for the future: will you return or do you plan to transfer?</li> <li>• Address any concerns or issues with your experiences at Capital University, especially as related to academic programs, residence life, dining services, student activities, etc.</li> <li>• Identify processes and deadlines for returning.</li> <li>• If transferring, identify the process for obtaining transcripts.</li> <li>• Complete the Leave of Absence/Withdrawal Packet.</li> <li>• If living on campus, complete the checkout process from your residence and return your room keys.</li> </ul>	<p>Yochum Hall, 1<sup>st</sup> Floor          614-236-6871  <a href="mailto:success@capital.edu">success@capital.edu</a></p> <p>OTHER HELPFUL NUMBERS          (all are 614-236-XXXX)</p> <p>Accessibility Services.....6611          Academic Success.....6327          Advising Office.....6112          Career Development.....6606          Residence Life.....6811</p>
<b>STUDENT ACCOUNTS</b>		
<input type="checkbox"/>	<p>Meet with a representative from Student Accounts to review the following:</p> <ul style="list-style-type: none"> <li>• Address financial obligations and billing questions and concerns.</li> <li>• Identify the process for receiving your final statement regarding tuition and fees for the current semester of enrollment.</li> </ul>	<p>Yochum Hall, 1<sup>st</sup> Floor          614-236-6123  <a href="mailto:studentaccounts@capital.edu">studentaccounts@capital.edu</a></p>
<b>FINANCIAL AID</b>		
<input type="checkbox"/>	<p>Meet with a representative from the Office of Financial Aid to review the following:</p> <ul style="list-style-type: none"> <li>• Impact of the withdrawal on your current financial aid.</li> <li>• The consequences of withdrawing (or LOA).</li> <li>• How the results of your withdrawal will be communicated.</li> <li>• The requirement of student loan borrower to complete Exit Counseling.</li> <li>• Notifying the financial aid upon your return to Capital University.</li> </ul>	<p>Yochum Hall, 1<sup>st</sup> Floor          614-236-6511  <a href="mailto:financialaid@capital.edu">financialaid@capital.edu</a></p>
<b>REGISTRAR'S OFFICE</b>		
<input type="checkbox"/>	<p>Visit the Office of the Registrar to do the following:</p> <ul style="list-style-type: none"> <li>• If transferring, request a transcript to be sent to new school.</li> </ul>	<p>Yochum Hall, 1<sup>st</sup> Floor          614-236-6150  <a href="mailto:registrar@capital.edu">registrar@capital.edu</a></p>

### LEAVE OF ABSENCE / WITHDRAWAL FORM

**Student Name:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_

**Mailing Address** (off campus): \_\_\_\_\_  
Street Address City State Zip

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  Cell  Home

**Class Level:**  1<sup>st</sup> Year  Sophomore  Junior  Senior  Adult/Continuing Ed  Masters  Seminary

**Current Housing Status\*:**  Residential [Name of Residence Hall: \_\_\_\_\_]  Commuter

\*All students who break the Campus Housing Agreement will be responsible for payment of a \$300 Cancellation Fee and prorated room and meal plan charges based on the date of checkout from the residence halls.

#### REQUESTED ACTION

Please check the box that corresponds with your intended enrollment action:

**LEAVE OF ABSENCE**

A leave of absence may be granted to a student who wishes to interrupt, but not permanently discontinue, enrollment at Capital University. Leaves of **up to one academic year** may be granted, including transient work. Requests must be received by the Student Success Office and submitted to the Registrar's Office. A leave of absence allows a student to return without the necessity of applying for readmission. A student on an approved leave of absence returns to Capital under the same bulletin requirements for which they originally entered. Students who have been suspended or dismissed from the University are not eligible to request a leave of absence.

**Term/Year of Anticipated Return from Leave:**  Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_

**WITHDRAWAL**

A student who wishes to withdraw from the university must meet with someone in the Student Success Office to complete the official withdrawal process. The date of withdrawal is the last date of class attendance as verified by the Student Success Office. Any applicable refunds are based on this date. Students who completely withdraw from school may lose a semester of financial aid eligibility or be required to pay back a portion of any financial aid received. Therefore, it is extremely important that students consult with the financial aid office before withdrawing from classes. A withdrawal is not official until the signed and dated withdrawal form is returned to the Registrar's Office **prior** to the start of final examinations. FAILURE TO WITHDRAW OFFICIALLY MAY JEOPARDIZE REFUNDS, GRADES, AND READMISSION TO THE UNIVERSITY.

#### Reason for Leave of Absence or Withdrawal (check all that apply):

Personal  Medical  Mental Health  Financial  Family  Military  Job-Related  Mission Work  
 Transfer to: \_\_\_\_\_  Other (please explain) \_\_\_\_\_

#### SIGNATURES

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Success: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Confirmed LDA: \_\_\_\_\_

Student Accounts: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Aid: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar Office Use Only:

Processed By \_\_\_\_\_

Date Received \_\_\_\_\_

## STUDENT WITHDRAWAL QUESTIONNAIRE

Please take a few minutes to complete this questionnaire. Your feedback will help us provide better experiences for our students. We will keep your responses private.

**Student Name:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

**Program or Major:** \_\_\_\_\_

**Class:**     First year     Sophomore     Junior     Senior     Adult/Continuing Ed     Graduate     Seminary

**Do/Did you live on campus?**     Yes     No

If Yes, what residence hall or apartments? \_\_\_\_\_

**Were you involved in any co-curricular activities?**     Yes     No

If Yes, which activities did you participate in? \_\_\_\_\_

### When did you begin to think about withdrawing?

Before the start of the semester     1st week     2nd week     3rd week     4th week     5th week  
 6th week     Other: \_\_\_\_\_

### When you first decided to attend Capital University, what were the factors in that decision?

Please check all that apply:

Academic reputation     Scholarships & financial aid     Overall cost     Location     Athletics  
 Academic programs     Influence of family/friends     Alumni parent     Size     Other: \_\_\_\_\_

### With whom did you discuss your decision to withdraw?

Please check all that apply:

Parent(s)/relative     Fellow student/friend     Advisor     Career Development  
 Faculty member     College staff member     Employer     Other: \_\_\_\_\_

### What are your plans for the coming year?

Please check all that apply:

Work full time     Work part time     Care for home and/or family     Travel     Other: \_\_\_\_\_  
 Attend a different college or university part time [Institution & intended major: \_\_\_\_\_ ]  
 Attend a different college or university full time [Institution & intended major: \_\_\_\_\_ ]

**Do you expect to complete college eventually?**     Yes     No

**Would you consider returning to Capital University at a later date?**     Yes     No

**If so, do you want to receive communication from the university on a regular basis?**     Yes     No

If Yes, what is your preferred email address? \_\_\_\_\_

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### REASONS FOR LEAVING UNIVERSITY

Listed below are various reasons why students decide to leave college. Please fill in the square indicating whether each of the reasons listed are a **major** reason, a **minor** reason, or **not** a reason that you are considering leaving Capital.

	<b>Major Reason</b>	<b>Minor Reason</b>	<b>Not a Reason</b>
<b><u>ACADEMIC</u></b>			
1. Dissatisfied with my grades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Courses were too difficult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Courses were not challenging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Inadequate study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Too many required courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Disappointed with the quality of instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Undecided about major	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>INSTITUTIONAL</u></b>			
8. Desired major is not offered at Capital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Desired major is offered, but course content was unsatisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Academic advising was inadequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Experienced class scheduling problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Could not find housing I like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Unhappy with Capital rules and regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Impersonal attitudes of college faculty and staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Dissatisfied with the social life at Capital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Inadequate facilities to meet accessibility needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>FINANCIAL</u></b>			
17. Financial aid received was inadequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Encountered unexpected expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Could not find on-campus job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Could not obtain off-campus job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Did not budget my money correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>PERSONAL</u></b>			
22. Felt alone or isolated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Commuting distance to Capital was too great	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Had conflicts with my roommate(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I am getting married	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Wanted to live nearer to my parents or loved ones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Health related problem (family or personal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Influenced by parents or relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Felt racial/ethnic tension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Did not like the size of Capital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Experienced emotional problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Wanted to travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Family responsibilities were too great	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Uncertain about the value of a college education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Wanted a break from my college studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Difficulty in obtaining transportation to Capital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Your feedback is extremely important to us and we appreciate you taking the time to complete this survey.  
 This questionnaire is maintained by the Office of Student Success (614) 236-6871.  
 Thank you.