



Withdrawal/Leave of Absence/Transfer

Please complete this form and return it to the Registrar for approval.

Name: _____ Student ID Number: _____

Permanent Address: _____

Local Address: _____

Home Telephone: _____ Cell Number: _____

Have you received USK Financial Aid/Scholarship this school year?

Yes No

Expected Graduation date: _____ Will you complete the present semester? Yes No N/A

What was or will be the last date you attend classes at the University of Saint Katherine? _____
Month / Day / Year

➤ Please Indicate whether you are taking a leave of absence, transferring to another school, or withdrawing (check one)

Withdrawal Reason _____
(Leaving USK permanently)

Leave of Absence Reason _____
When do you plan to return (circle one) Fall Spring 20_____
(No academic work taken during your leave will be credited towards your degree unless specifically authorized in advance by your advisor. You should apply for readmissions through the Admissions office at least six weeks before the semester in which you plan to return; all applicants for readmissions must be cleared.)

Transfer to Another College or University
Where/Why _____

Student's Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

FOR OFFICIAL USE ONLY

