

Graduate Withdrawal/Leave of Absence



► Please complete this form and bring it to your Dean's Office for approval. Dean's Office Addresses:

UNE
College of Arts and
Sciences Office of the
Dean
405 Decary Hall
Biddeford, ME 04005

UNE
College of Dental Medicine
Office of the Dean
113 Goddard Hall
Portland, ME 04103

UNE
College of Osteopathic
Medicine Office of the Dean
Stella Maris Hall Biddeford, ME
04005

UNE
College of Pharmacy
Office of the Dean
117 Pharmacy Building
Portland, ME 04103

UNE
Westbrook College of Health Professions
Office of the Dean 225 Hersey Hall
Portland, ME 04103

UNE
College of Graduate and
Professional Studies Office
of the Dean
716 Stevens Avenue
Portland ME 04103

Name: _____ PRN: _____
Last First M.I.

Permanent Address: _____
Street Address/City/State/Zip

Home Telephone: () _____ Local Telephone: () _____

Local Address: _____
Street Address/City/State/Zip

Degree Program: _____ Major: _____ Expected Graduation Date: _____

Will you complete the present semester?: Yes No What was or will be the last date you attend classes at UNE?

Month/Day/Year

Have you ever received Financial Aid? Yes No *****If yes contact Financial Aid**

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

Leave of Absence Reason: _____

When do you plan to return? (circle one) Summer/Fall/Spring 20____

(NB: No academic work taken during your leave will be credited towards your degree. You should apply for reactivation through the Office of Registrar in Decary Hall at least six weeks before the semester in which you plan to return.)

Transfer to another college or university
Where/Why: _____

Withdrawal Reason: _____
(leaving UNE permanently)

Student's Signature: _____ Date: _____

Student Advisor/Program Manager Signature: _____ Date: _____

<http://www.une.edu/registrar/2015-2016-academic-catalog/student-records-and-administrative-policy>

DO NOT WRITE BELOW THIS LINE

Dean's Authorization: _____ Date: _____

Conditions for readmission: _____

FOR REGISTRAR USE ONLY

Effective Term: _____ Effective Withdrawal/Leave Date: _____ Leave Return Date: _____

Status: _____ Date Processed: _____

Authorizing Signature: _____