



# Withdrawal/Leave of Absence/Transfer

277 Rancheros Dr., Ste 200 San Marcos, CA 92069

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Registrar@usk.edu

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

Registrar's Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Conditions for readmission: \_\_\_\_\_  
(If Needed): Academic Probation Athletic Probation Financial Probation

### FOR OFFICIAL USE ONLY

Effective term: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Status: \_\_\_\_\_ Authorizing Signature: \_\_\_\_\_