Leave of Absence/ Withdrawal Form

RECORDS OFFICE

200 McAllister Street • San Francisco, CA 94102 • office (415) 565-4613 • records@uchastings.edu

Students who wish to take a leave of absence or withdraw from the College are encouraged to read Section IX Leaves of Absence and Withdrawal, of the Hastings College Academic regulations and then complete this form as follows:
1) Complete Section I
2) Obtain signatures requested in Section II. (Students MUST make appointment with the Associate Academic Dean to discuss request.)
3) Submit completed form to the Records Office

All refunds will be calculated in accordance with currently applicable Federal and College Regulations. Refund schedules are available in the Academic Dean's Office, Records Office, Fiscal Services Office, and Financial Aid Office. Note: Students who withdraw or take an approved leave before the 10th day of classes are **NOT** covered by Hastings health insurance. Students who withdraw or take an approved leave after the 10th day of classes must contact Student Health Services for a referral to a Primary Care Physician in order to use their Hastings health insurance.

Section I: Student Information

Name: _____ Hastings ID#:_____

Address: _____ Class: (1L, 2L, 3L, LLM, MSL)_____

City, State, Zip: _____ Revised Grad. Date ☐ Fall 20_____

Telephone: _____ ☐ Spring 20_____

☐ I hereby request an absence for: ☐ Fall 20_____ ☐ Spring 20_____ ☐ 20_____ - 20_____ academic year

☐ I hereby notify the College of my intention to withdraw. ☐ Administrative Withdrawal

Reason for request: ☐ Educational ☐ Financial ☐ Medical ☐ Personal ☐ Other

☐ Transferred to _____
(Name of law school)

I understand that my leave/withdrawal is effective on the date this completed form is approved by the Academic Dean's Office, and that my refund, if any, will first be returned to appropriate financial aid program funds in accordance with current federal regulations. Any residual funds will be returned to me at a later date.

Signature: _____ Date: _____

Section II: Approvals

Financial Aid: _____ Date: _____

Fiscal Services: _____ ACH? ☐ _____ Date: _____

Academic Dean: _____ Date: _____

Office Use Only:

Last Date of Attendance:_____ Reason Code:_____

LoA/WD Start Date: _____ End Date:_____

Records Office: _____ Date:_____

Financial Aid Office:_____ Date:_____

Fiscal Services Office:_____ Date:_____

Updated on 3/19/2015