



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) Submit the completed form to the Records Office (Room 218 or records@uchastings.edu). They will route to the appropriate departments for signatures and will notify you once it's been approved.

All refunds will be calculated in accordance with currently applicable Federal and College Regulations. The refund schedules are available on the Fiscal Service's myHastings page [here](#). 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

I am a VA (Veterans Affairs) Student F-1 (International) Student J-1 (Exchange Visitor) Student

Name: _____ Hastings ID#: _____

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

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

Telephone: _____ Spring 20_____

I request a leave of absence for: Fall 20____ Spring 20____ 20____ - 20____ academic year

I request to withdraw from the college. Administrative Withdrawal

Reason for request: Educational Financial Medical Personal Other

Transferring to _____
(Name of law school)

Please indicate the last date (mm/dd/yyyy) that you attended classes this term. This date is used to calculate refunds and loan refunds so please be sure that it is accurate. Once processed it is not possible to change it. _____

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.

Student's Signature: _____ Date: _____

Section II: Approvals (Office Use Only)

Dean of Students: _____ Date: _____

Official Last Date of Attendance: _____ Reason Code: _____

LoA/WD Start Date: _____ End Date: _____

Records Office: _____ Date: _____

Financial Aid Office: _____ Date: _____

Fiscal Service Office: _____ ACH? _____ Date: _____