Hendrix College Leave of Absence, Medical Leave of Absence, or Withdrawal

Section 1- General information

lame:			I	Hendrix ID #:		
Section 2- Studer To begin the process for staff from one of the f	or a Leave of	Absence		val, students should schedule a meeting w	vith	
Advising & Academic S Office of the Dean of S	•		-	450-1482		
This section will be co	ompleted dur	ing your	meeting wit	h one of the above staff members:		
Status and Reason Re	quested:					
Leave of Absence	[Academic	Family	Financial	Other (explain)]	
Withdrawal	[Academic	Family	Financial	Other (explain)]	
Medical LOA	Medical LOA [Physician statement is required for return to Hendrix.]					
Last day to attend clas	ss:			Expected Date of Return:		
If transferring, what so	chool will you	attend?				
What attracted you to	this other in	stitution?				
Are you joining the mi	litary? Yes	No				
Section 3: Signati	ures					
Interviewer Signature:				Date:		
Student Signature:				Date:		
Section 4: Offices	to Visit fo	or Exit P	rocess			
Academic Su	ccess – to dis	scuss you	r academic s	tanding when you return to Hendrix		
Business Offinecessary	ice - to check	on tuitior	ı reimbursen	ment insurance, and/or arrange for payme	ents if	
Financial Aid	l- to review ar	ny federa	l financial aic	d obligations and future access to scholars	ships	
Residence Lit	fe - to return l	key and cl	heck out of h	nousing OR arrange for housing upon retu	rn	

_____Library- to return resources to circulation desk