

Leave of Absence or Complete Withdrawal Form

Department of Chemistry

Print First & Last Name: _____ PID: _____

Non-MSU Email Address: _____ Phone Number: _____

Mailing Address during leave of absence or after complete withdrawal: _____

I am requesting a leave of absence beginning on the following date ___/___/___ and returning on ___/___/___

I am requesting a leave of absence for the following reason(s):

Family/Personal Circumstances Medical Maternity/Paternal

Other: _____

I am completely withdrawing from the Department of Chemistry Program effective:

Fall 20____ Spring 20____ Summer 20____

I am requesting a complete withdraw for the following reason(s):

Family/Personal Circumstances Medical Financial Pursue Different Career

Transferring to a different school; please indicate school: _____

Other: _____

Was there anything that Department of Chemistry could have done to prevent your withdrawal?

A student who completely withdraws from the program, and later wishes to return, must apply to be readmitted

Student Signature: _____ Date: _____

Advisors Signature _____ Date: _____

Associate Chair for Education Signature _____ Date: _____