Notice of Leave of Absence Or Withdrawal from University



Registrar's Office Holy Family Hall, Rm 216 registrar@holyfamily.edu 267-341-3212 (phone) 215-281-9067 (fax)

Last Name		First Name	M.I.	Date
Address			H.F. ID #	
City	State	Zip Code		
Telephone Number		E-Mail Address		
Major:				
Receiving Financial Aid?]Yes 🗌 No		
\Box Leave of Absence		ate return semester)		U Withdrawal
	Reason	the second		drawal
Financial (not Financia	l Aid)	Change of Res	sidence _	Personal Illness
Financial Aid		Difficulty wit	th Studies _	Family Obligations
Transferring to another	College(please indicate Coll	ege)	
Other				
Comments:				
☐ I hearby wish to with	ndraw fro	om Holy Family U	niversity.	
v		• •	v	Office use Only:
				Registrar's Signature
Student Signature		Date		Date
				Status

Distribution: Business Office, Financial Aid Office, Academic Advising Center, Dean of the School of Study, Director of Residence Life, Public Safety Office, Graduate Office, Athletics