

Office of the Registrar*1501 Kings Hwy, Room 1-212*Shreveport, LA 71130

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This form is to be completed by the designated office of each school to notify the Registrar’s office of a student’s withdrawal or a leave of absence from LSU Health – Shreveport. Please complete all fields as requested. **Return this form to the Registrar’s office within 2 business days of receiving notification for processing.**

Student ID# _____ Name: _____
Last First MI

SCHOOL	ACADEMIC PROGRAMS
<input type="checkbox"/> School of Allied Health Professions	BS/MPAS/MOT/DPT/MPH/MCD
<input type="checkbox"/> School of Graduate Studies	MS/Ph.D.
<input type="checkbox"/> School of Medicine	M.D.

➤ Please indicate whether the student is taking a leave of absence or withdrawing (check one):

	Withdrawal Type	Effective Date (Month/Day/Year)	Effective Date Descriptions and Notes:
<input type="checkbox"/>	Leave of Absence		The beginning and estimated ending dates for the Leave of Absence period.
<input type="checkbox"/>	Program Withdrawal		The date official Notification of Withdrawal was provided by the student.
<input type="checkbox"/>	Term Withdrawal		The date official Notification of Withdrawal was provided by student or in the case of an Unofficial Withdrawal, the last date of attendance for an academic-related activity.
<input type="checkbox"/>	Administrative Withdrawal		The student’s last day of documented attendance for an academic-related activity.

_____ Date
 Dean/or designated school official’s Signature

Registrar Office use only

 Signature of Registrar _____
 Date

- _____ Date processed in PeopleSoft
- _____ Date enrollment status updated to National Clearinghouse
- _____ Copy sent to Financial Aid/Bursar’s office
- _____ Filed in student file