

Office of the Registrar, 1501 Kings Hwy, Shreveport, LA 71130
 Phone: 318.675.5205
 Fax: 318.675-5748
registrar@lsuhs.edu

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	MLS/CPS/PA/OT/PT/MPH/CD/Rehab
<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.

 Dean/or designated school official's Signature Date

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