

Office of the Registrar, 1501 Kings Hwy, Shreveport, LA 71130
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	
<input type="checkbox"/>	School of Allied Health Professions
<input type="checkbox"/>	School of Graduate Studies
<input type="checkbox"/>	School of Medicine

➤ 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

Updated 3/1/23