## Saint Louis University - Madrid Campus Request for



## **Program/Institutional Withdrawal**

Student Name: Student ID: SLU Email: Confirm SLU Email:	
Semester not returning to Saint Louis University	
<ul> <li>This form is used to withdraw from Saint Louis University, but not withdraw/drop any courses.</li> <li>If you are enrolled in courses, withdraw/drop using <u>Banner Self-Service</u></li> <li>If you are enrolled in courses, but have a registration hold, submit the <u>Petition for Complete Drop/Withdrawal with Registration Hold</u></li> </ul>	
Indicate the main reason you are leaving Saint Louis University.	
Academic Reasons	Financial Reasons
Social and campus life	Personal health issues
Other	Personal reasons other than health
Will you be transferring to another institution? Sí No	
If Yes, what institution?	
If No, what do you plan to do?	
I understand and acknowledge that: * Students intending to return to Saint Louis University must be approved for a Leave of Absence otherwise must re-apply to Saint Louis University. Determine the structure of	
Student Signature	Date
	Student ID: SLU Email: Confirm SLU Email: Semester not returning to Saint Louis This form is used to withdraw from Sa courses. If you are enrolled in courses, withdr If you are enrolled in courses, but ha Complete Drop/Withdrawal with Regi Indicate the main reason you are leavi Academic Reasons Social and campus life Other Will you be transferring to another institut If Yes, what institution? If No, what do you plan to do? understand and acknowledge that * Students intending to return to Saint Louis otherwise must re-apply to Saint Louis Un