



Request for Withdrawal or Leave of Absence

Name: _____
Last First MI

Are you requesting a leave of absence*? _____ or a withdrawal? _____

*The maximum length of time for a leave of absence is one calendar year. Students who do not return within one year are withdrawn and will need to reapply by submitting a *Return Student Application*.

If requesting a leave of absence, when do you expect to return to the Christian Leadership College? _____

Effective date of your request _____/_____/_____

Forwarding address: _____

Street City / State / Zip

Phone / Email

Please state the reason for this leave of absence or withdrawal:

_____ Financial _____ Relocation
_____ Work-related _____ Military Deployment
_____ Transfer to another school _____ Family/personal
_____ Dissatisfaction with program, please explain _____

_____ Other, please explain _____

Student signature / Date

**PLEASE RETURN THIS FORM TO THE CHRISTIAN LEADERSHIP COLLEGE OFFICE,
6400 S. 70th, LINCOLN, NE 68516 OR FAX TO 402-483-6642**

Office Use Only

Last Class _____ Mandatory Return Date _____ Notified _____