

Office of the Registrar 3210 E. Guasti Road • Ontario, CA 91761 909.687.1468 (phone) • 909.687.1593 (fax) registrar@gs.edu

Leave of Absence/Withdrawal Notification

This form is to be completed by students who will not be able to enroll in an upcoming semester(s) or have decided to withdraw from the school entirely.

A student who has not enrolled for more than two consecutive regular semesters (Fall and Spring) will be required to submit a new application for admission and must meet the degree requirements for the current catalog.

Studen	t Information	Leave of Absence/Withdrawal	miormation
Name:		Effective date for Leave of Absence/W	/ithdrawal:
ID #: Phon	ne: ()		
Email:		Reason for absence/withdrawal:	
Campus: □AZC □BAC □ONI	LN DONT DPNWC DRMC	□ Illness □ Personal □ Fi	nancial
Year/Term: 20/	_	☐ Other	
Degree: □DPTH □DPEL □N	MACC DMAIS DMMISS DMTS		
■MAEL - Concentration:		I expect to return:	
■MDIV - Concentration/Advance	ed Track:	☐ Year/Term: 20/	vina from
	staff member from the appropriate		
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