



RC 3035448  
www.mombi.org

# Temporary Withdrawal Request

This form is to be used by students requesting a temporary withdrawal from their studies. Reasons may include medical/psychological, or personal. This withdrawal is considered to be a temporary interruption in a student's program of study and must be approved by the school. The duration of the temporary withdrawal may be up to three months. Unique circumstances requiring an absence longer than three month must be discussed and approved by the appropriate Dean. During the withdrawal period, the student becomes inactive and will not be considered an enrolled student. Approval of a temporary withdrawal request is not guaranteed and cannot be approved retroactively.

**Student Name:** \_\_\_\_\_ **Student #:** \_\_\_\_\_  
Surname First Name

**Mailing Address:** \_\_\_\_\_  
Street City State Zip

**Email:** \_\_\_\_\_ **Alternate Email:** \_\_\_\_\_

**Primary Phone Number:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Beginning date of temp. withdrawal:** \_\_\_\_\_ **Anticipated return:** \_\_\_\_\_  
Month Day Year Month

**Request due to** (check one):  Family Commitments  Medical/Psychological  Personal

Use this space (and back of form if needed) to explain why a temporary withdrawal is being requested:

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<p><b>Recommendation:</b></p> <p>Signature: _____</p> <p>Printed Name: _____</p> <p>Department: _____</p> <p><input type="checkbox"/> Deny <input type="checkbox"/> Approve      Date: _____</p>	<p><b>Dean's Office Final Decision:</b></p> <p>Signature: _____</p> <p>Printed Name: _____</p> <p>Department: _____</p> <p><input type="checkbox"/> Deny <input type="checkbox"/> Approve      Date: _____</p>
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Upload your documents under the Documents Upload Facility tab

Go to [www.mombi.org](http://www.mombi.org). Click "RESOURCES" menu. then locate "DOCUMENT UPLOAD FACILITY" tab, following the step-by-step instructions for uploading your temporary withdrawal request form.