LOMA LINDA UNIVERSITY

University Records

Program Withdrawal/Leave of Absence Cancellation

Student Information

Student Name _____ Student ID# _____

LLU School Select One Program _____ Degree _____

Student Acknowledgement

I hereby request to rescind/cancel my previoiusly submitted leave of absence/program withdrawal request. I understand and agree to the following:

1. I intend to remain in academic attendance through the end of the current enrollment period

2. If I decide that I do indeed wish to withdraw during this enrollment period after submitting this cancellation request the official withdrawal date will be reverted back to the first date I told the University of my intent to withdraw or began the LOA/PW process, unless my school is able to document a later date of attendance at an academically related activity

☐ By checking this box and signing below I understand and agree to the above statement

Signatures

Student Signature: _____ Date: _____

Academic Dean/Program Director Signature: _____ Date: _____

Return the completed form to University Records via your LLU email address to registrar@llu.edu, fax it to (909) 558-0340, or bring it to the office at 11139 Anderson Street, Loma Linda, CA 92354