



LOYOLA
UNIVERSITY CHICAGO

The Graduate School
NOTICE OF INTENT TO WITHDRAW FROM THE UNIVERSITY

This form should be submitted to their Graduate Program Director when a student desires to withdraw completely from the University. Additional information about completing a total withdrawal from the University is available at https://www.luc.edu/regrec/total_withdrawal.shtml.

Student Name: _____ Today's Date: _____
LUC Student ID #: _____ Student Email: _____@luc.edu
Graduate Program Director: _____ Graduate Program: _____
I intend for my total withdrawal to take effect: *(select one)* ☐ Immediately ☐ At the conclusion of this term/session
Final Term of Attendance: _____

Initial next to the following statements indicating your understanding of and agreement with each:

- I am not enrolled in any courses in future terms. _____
- I am aware of the financial implications of my decision to withdraw at this time. The Financial Aid Office can be reached at 773-508-7704 or lufinaid@luc.edu to discuss the financial implications of withdrawing. _____
- I am not a campus resident, OR if I am, I have cancelled my housing contract with Residence Life. Housing contracts can be cancelled online via <https://forms.luc.edu/eRelease/login.htm>. _____
- I am aware that my LUC ID card will be deactivated upon my withdrawal. _____
- I am aware of the steps required to return to LUC if I choose to do so in the future. _____
- I am not an international student, OR if I am, I have confirmed my plans to withdraw with International Student and Scholar Services. ISSS can be reached at 773-508-3899 or iss@luc.edu. _____

Check next to the primary factor(s) below that have contributed to your decision to withdraw:

- | | |
|--|---|
| ☐ Academic program not offered at Loyola | ☐ Family concerns |
| ☐ Dissatisfaction with Loyola faculty and/or academic support | ☐ Financial concerns |
| ☐ Dissatisfaction with Loyola campus culture | ☐ Government requirements/military service |
| ☐ Employment conflict | ☐ Medical/mental health concerns |
| | ☐ Other _____ |

Please write a brief explanation below of why the factor(s) you selected have led to your decision to withdraw.

List any campus faculty, staff, offices, or programs you may have contacted to try to resolve or receive support for the primary factor(s) contributing to your withdrawal: _____

Do you intend to return to LUC to complete your degree in the future? (*select one*) ☐ Yes ☐ No ☐ Unsure

If yes, in which term/session do you anticipate returning? _____

Are you transferring to another college or university? (*select one*) ☐ Yes ☐ No

If yes, in which college or university do you plan to enroll? _____

What is your primary reason for selecting this college or university? _____

Student Signature: _____

Office Use Only

Graduate Program Director Signature: _____

Effective Date: _____

Graduate School Official Signature: _____