



# FIVE BRANCHES UNIVERSITY

GRADUATE SCHOOL OF TRADITIONAL CHINESE MEDICINE

## LEAVE OF ABSENCE / WITHDRAWAL TRACKING FORM

Santa Cruz       San Jose (Day Night Chinese Korean DAOM)

\_\_\_\_\_ Date      Student's LAST Name, FIRST Name      Empower ID#

**Leave of Absence**

As of the following date, I will be taking a leave of absence: \_\_\_\_\_  
MM/DD/YYYY

Anticipated date of return: \_\_\_\_\_  
TERM / YEAR

**\* I understand that re-admission may be necessary if my leave of absence exceeds one year.**

**Withdrawal**

As of the following date, I will be withdrawing from Five Branches University: \_\_\_\_\_  
MM/DD/YYYY

**Administrative Withdrawal**

As of the following date, student enrollment has been canceled: \_\_\_\_\_  
MM/DD/YYYY

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_  
\_\_\_\_\_

Primary Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**FOR ADMINISTRATION USE ONLY:**

Must be routed in order. Initial and date.

- |       |       |                      |  |
|-------|-------|----------------------|--|
| _____ | _____ | Registrar            | (Drop Form(s) / Review of Student File Documents)            |
| _____ | _____ | Admissions           | (Exit Interview)   |
| _____ | _____ | Clinic               | [Appointment Book / Outstanding \$ _____]                    |
| _____ | _____ | Library              | [Outstanding \$ _____]                                       |
| _____ | _____ | Reception/Facilities | [Outstanding \$ _____]                                       |
| _____ | _____ | Financial Aid        | (Exit Interview / FA Director Only)                          |
| _____ | _____ | Accounting           | [Outstanding \$ _____]                                       |
| _____ | _____ | Registrar            | (Archive Student Record / DAOM Degree Audit to SC Registrar) |