



# 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)