



# Enrollment Status Update

Withdrawal from the College, Leave of Absence

Full Legal Name: \_\_\_\_\_ PHC ID: \_\_\_\_\_

## New Contact Information

Contact Phone: \_\_\_\_\_  
 Contact Email: \_\_\_\_\_  
 Contact Address: \_\_\_\_\_  
 \_\_\_\_\_

## PHC Information

Contact Phone: \_\_\_\_\_  
 Box #: \_\_\_\_\_  
 Parking Permit #: \_\_\_\_\_  
 Residence Hall/Room: \_\_\_\_\_

- Check One:**  I plan to re-enroll within two semesters and wish to take a Leave of Absence  
 I seek to Withdraw from the College

	Not a factor at all	Minor Factor	Significant Factor	Please elaborate
<b>1. Personal</b> (e.g., family or personal health, change in vocational goals/plans)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>2. Academic</b> (e.g., curriculum, programs offered, courses too difficult, instructional quality)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>3. Institutional</b> (e.g., dissatisfied with student services, behavioral expectations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>4. Financial</b> (e.g., unexpected expenses, insufficient financial aid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

**This enrollment status change will take effect:**  Immediately  End of Term

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

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

Notification of the following offices is indicated by receiving the initials of authorized individuals therein. Failure to complete this process will result in no status change and you will be assessed all applicable charges. Upon completion, return this form to the Office of the Registrar.

Technology (D/AD): \_\_\_\_\_ Date: \_\_\_\_\_

Student Accounts: \_\_\_\_\_ Date: \_\_\_\_\_

Dean of Student Life: \_\_\_\_\_ Date: \_\_\_\_\_

Library: \_\_\_\_\_ Date: \_\_\_\_\_

Campus Services: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar: \_\_\_\_\_ Date: \_\_\_\_\_

Mail Center: \_\_\_\_\_ Date: \_\_\_\_\_