



Financial Aid & Scholarships  
170 Bluestone Dr. MSC 3519  
Harrisonburg, VA 22807  
Phone (540) 568-7820  
Fax (540) 568-7994

Office of the Registrar  
170 Bluestone Dr. MSC 3528  
Harrisonburg, VA 22807  
Phone (540) 568-2991  
Fax (540) 568-5615

## NON-RETURNING/LEAVE OF ABSENCE NOTICE

Students who are withdrawing during the first three weeks of the current semester, or students who plan to complete their current semester but will not be attending JMU for the subsequent semester, must submit this form to the Office of the Registrar. Students desiring to withdraw after the third week of the current semester must contact the [Ombudsperson](#).

**Reminder:**

*Students who withdraw from the university will lose access to ALL campus services, including e-campus.*

**(Please Print)**

Name \_\_\_\_\_  
(Last) (First) (MI)

Student ID #: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Preferred E-mail \_\_\_\_\_

Home or Forwarding Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (ZIP)  
Local Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Academic Level (UG):  SR  JR  SOPH  FR  
(Other):  Graduate Student  Doctoral Student  Outreach Student (Non-Degree)

Current Academic Standing:  Good Standing  Probation  Suspension

Name of Current Academic Advisor: \_\_\_\_\_

I do not intend to return to James Madison University for:  Fall Semester \_\_\_\_  Spring Semester \_\_\_\_

**Please indicate reason for leaving:**

- Transferring to another institution  
 Non-Credit Internship/Externship Experience  
 Other (Explain) \_\_\_\_\_

**You must check one of the following regarding Federal Financial Aid:**

- JMU may cancel my aid.  
 I do not have Federal Financial Aid  
 I wish to discuss my options with the Office of Financial Aid (If checked, submit form to Office of Financial Aid.)  
OFA Signature \_\_\_\_\_ OFA Printed Name \_\_\_\_\_

I intend to re-enter JMU:  Fall Semester \_\_\_\_  Spring Semester \_\_\_\_  Summer Session \_\_\_\_  
 Unsure at this time (please see: <http://www.jmu.edu/registrar/Reentry.shtml>)

I do not intend to return to JMU:

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

Return form to the Office of the Registrar at the address/fax number listed above.