



Art Academy
of Cincinnati

Leave of Absence/Withdrawal Form

Return completed form, with all required signatures to the Registrar's Office. Please contact the Registrar if you have any questions or if you are unable to meet with any of the other offices.

Check One _____ Leave of Absence _____ Withdrawal _____ Last Date of Attendance _____

Name _____ **Student ID** _____

Permanent/Home Address _____

Cell _____

Personal Email _____

Reason for LOA/Withdrawal

Financial	<i>Most Significant</i>					<i>Least Significant</i>	
Cost of Attendance	5	4	3	2	1	0	
Living Expenses	5	4	3	2	1	0	
Comments:							

Personal Health	5	4	3	2	1	0
Comments:						

Social Well-Being	5	4	3	2	1	0
Sense of Community	5	4	3	2	1	0
Comments:						

Academic	5	4	3	2	1	0
Personal Performance	5	4	3	2	1	0
Quality of Faculty	5	4	3	2	1	0
Quality of Facilities	5	4	3	2	1	0
Quality of Staff	5	4	3	2	1	0
Quality of Curriculum	5	4	3	2	1	0
Comments:						

What are your plans for after you leave the AAC?

I have met with the Financial Aid Office and I understand that my student loans will go into repayment six (6) months from the date of my Withdrawal or Leave of Absence.

Student Signature _____

I have met with, and spoken to, the following offices and they have signed below.

Office Use Only

Financial Aid Office _____

Date of Determination _____

Business Office _____

Leave this form with the Registrar

CC: Registrar, Financial Aid, Business Office, Academic Dean, Advisor, Student, Student File