



If you are planning to withdraw or be on leave of absence from Evergreen, here are important steps to take and offices to contact regarding your change of status:

**New and conditionally admitted students are not eligible for a leave of absence.*

REGISTRATION AND RECORDS, LIBRARY 1101, 360.867.6180

- FIRST STEP: UPDATE YOUR MAILING ADDRESS, PHONE AND EMAIL. YOU CAN DO SO, IN PERSON AT THE REGISTRATION OFFICE OR ONLINE THROUGH YOUR MY.EVERGREEN.EDU ACCOUNT.**
- Complete this Leave of Absence/Withdrawal Form (page 2).
- Drop any current Registration.
- Submit Petition for Registration Policy Exception if appropriate. Contact Registration for details and advice.

FINANCIAL AID, LIBRARY 1233, 360.867.6205

- Contact the Financial Aid Office.
- Complete the Financial Aid [Change of Information Form](#).
- If you are unsure about which options to choose, ask for help completing the Change of Information form.
- If you borrowed a [Federal Direct Student Loan](#), you must complete an Exit Interview with [StudentLoans.gov](#).

RESIDENTIAL AND DINING SERVICES, RESIDENCE HALL A ROOM 301, 360.867.6132

- Complete a Release from Contract form (Release from Contract forms require a signature from Registration and Records staff or faculty signature).
- Clean your room, remove all of your belongings and lock up your space.
- Return all keys to the RAD office.

BOOKSTORE, CAB, 360.867.5300

- Close your Bookstore account.
- Transfer any remaining balances to Student Accounts for a refund.

PARKING SERVICES, SEMINAR I 3157, 360.867.6352

- Contact Parking Services to return valid parking decals for any applicable refund.

STUDENT ACCOUNTS, LIBRARY 1112, 360.867.6447

- Check to see if a refund or balance is due.

PAYROLL OFFICE, LIBRARY 1126, 360.867.6460

- Check on any outstanding Time Sheets.



Registration and Records Office Change of Status Form

registration@evergreen.edu
360.867.6180
360.867.6680 Fax

Name _____ ID # _____

***New and conditionally admitted students are not eligible for a leave of absence.**

Do you receive financial aid? Yes No

Are you receiving veteran's or dependent benefits? Yes No

I WOULD LIKE TO: (Check the appropriate boxes)

BE ON LEAVE OF ABSENCE Beginning Quarter Fall Winter Spring Summer Year: _____
(for up to one calendar year) Anticipated Return Fall Winter Spring Summer Year: _____

For the following reasons: Medical Study Abroad Personal/Time Off Other (please leave comment)

Comments _____

WITHDRAW As of _____
(must re-apply for admission to return)

For the following reasons: Medical Transfer Personal Other (please leave comment)

Comments _____

Class(es) I am currently registered in _____

Faculty Name(s) _____

Number of credits _____ Last date you attended class(es) _____

NEW ADDRESS, PHONE AND EMAIL Street _____
City _____ State _____ Zip Code _____
Phone _____ Email _____

SIGNATURE _____ **DATE** _____

FOR OFFICE USE ONLY			
FINANCIAL AID Last Date of Attendance _____ mm/dd/yy FA Copy Yes <input type="checkbox"/> No <input type="checkbox"/> _____ Initial and Date	STUDENT ACCOUNTS Holds Yes <input type="checkbox"/> No <input type="checkbox"/> SA Copy Yes <input type="checkbox"/> No <input type="checkbox"/> _____ Initial and Date	RAD/HOUSING Contract Release Yes <input type="checkbox"/> No <input type="checkbox"/> Address Updated Yes <input type="checkbox"/> No <input type="checkbox"/>	REGISTRATION Drop Yes <input type="checkbox"/> No <input type="checkbox"/> SPACMNT <input type="checkbox"/> Petition Yes <input type="checkbox"/> No <input type="checkbox"/> Student Copy <input type="checkbox"/> Student Status New <input type="checkbox"/> Continuing <input type="checkbox"/> _____ Signature and Date