



*Students on Stop Out may interrupt their enrollment for up to one academic year at which time they may continue their program. Stop Out allows the student to remain an active student at Concordia. Please note, however, that eligibility for financial aid and enrollment verification is dependent upon enrollment in course work. Stop Out status indicates that no course work is being taken at that time.*

*You must notify your Academic Advisor of your intent to return or extend your stop out time by your stated return date. Failure to do so will imply withdrawal from the university, and the necessary papers will be filed with that intent. Notification of intent to extend or return to the university can be done by mail, phone, email or in person. Reclassification as a returning student is required prior to registration for courses.*

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Academic Year (circle one): Freshman Sophomore Junior Senior      Housing: Commuter / Resident

Are you a Student Athlete? No / Yes      If yes, which sport? \_\_\_\_\_

### Academic Information:

Last Date of Attendance: \_\_\_\_\_ Completing Current Semester?  Yes  No

Return Semester: \_\_\_\_\_ Current Major: \_\_\_\_\_

Reason for Stop Out: \_\_\_\_\_

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

### Required Signatures:

*Signatures should be obtained in the listed order and the form returned to your Academic Advisor.*

Faculty Advisor (junior/senior only): \_\_\_\_\_ Date: \_\_\_\_\_

Academic Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Aid Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Business Services Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Perkins Loan Officer: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only:

_____ Refund %	Comments:
_____ Schedule Deleted	
_____ Mail Box Key Returned	
_____ Status Changed	
_____ Initials	
_____ Date	