



Active Military Duty Request to Withdraw

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Military & Veterans Affairs
3901 Rainbow Blvd., MS 4005
Kansas City, KS 66160
Phone: 913-588-7055
Fax: 913-588-8841
Email: veterans@kumc.edu

6. If you have student financial aid, would you like us to notify the Office of Student Financial Aid for you?
 Yes No, I will contact Financial Aid myself Not Applicable

7. When do you plan to return to KUMC?
 Spring of 20__ __ Summer of 20__ __ Fall of 20__ __

8. Is it okay if we release your name and address to organizations wanting to send you care packages? Yes No
If yes, who can we contact to retrieve your deployment address?

Name: _____
Phone: _____
Email: _____

The Office of the Registrar and Veterans' Services can assist you with your return to KUMC. Contact us as soon as you know when you'll be returning and we will help you with this process.

Student Signature: _____ Date: _____

Advisor's Signature (verifying the leave has been discussed): _____ Date: _____

Request Received By: _____ Date: _____

For Office Use Only	
<input type="checkbox"/> School Certifying Official	<input type="checkbox"/> Student Financial Aid
<input type="checkbox"/> Office of the Registrar	<input type="checkbox"/> Student Financial Accounting
	<input type="checkbox"/> Enterprise Analytics