



Notification of Military Activation

The University of Utah • Office of the Registrar • 201 S 1460 E RM 250 N • Salt Lake City UT • 84112

University policy regarding students who are called without prior notice to active military duty offers the following four options or any combination thereof:

- At the discretion of the instructor, students may make arrangements to receive an incomplete (I) grade for one or more class(es). Refer to the Student Handbook for a complete description of the Incomplete Grading Policy.
- Students may make arrangements, when appropriate, with an instructor to complete the course work for a grade prior to a departure for active duty.
- Students may request a total or partial withdrawal.
- Students may request to delete one or more class(es).

Note: Students who choose to withdraw or to have class(es) deleted should first determine the impact, if any, on insurance coverage, financial aid awards, loan repayments, veteran benefits, etc., which may require evidence on the academic record of course completions and/or enrollments.

Complete the reverse side of this form for each class on your schedule. All requests require the student's signature and official documentation (military orders).

1. Indicate department, catalog number, and section number for each class.
2. Choose the action [withdraw (W), delete, incomplete (I), or no action taken] that will be applied to each class.
3. If you have veteran benefits, meet with each instructor to establish a "last day of attendance" for each class. Have the instructor sign and date the appropriate lines on the reverse side of this form.
4. Submit this form along with the required documentation in person, via US mail, or fax.

Term/Year: _____

Student Name: _____ Student ID #: _____

This form may act as a leave of absence. A leave of absence extends the eligibility of enrollment to a total of two years (six academic terms) as provided under Utah Board of Regents policy. Officially admitted undergraduate students who have registered for and attended university credit class(es) may request a leave of absence. If you need to extend this leave of absence, new orders must be submitted to our office with a written statement requesting an extension. If you do not register for the term indicated below, you will need to readmit through the Admissions Office. Please indicate the semester you plan to return to the University: _____

I understand that any changes made to my academic record as a result of this military activation are final and may not be reversed at a later date. I also understand that forms submitted without complete information will not be processed.

Student Signature Date

FOR REGISTRAR'S OFFICE USE ONLY

Comments: _____

Entered _____ Photo Identification _____ Documentation _____ Leave of Absence _____

Verified _____ Veteran Affairs _____ Financial Aid _____ RCA Sent _____

Student Name: _____ Student ID #: _____ Term/Year: _____

All students must complete the section below :

Students receiving Montgomery GI Bill benefits must complete the section below :

Department	Catalog Number	Section	Instructor Name (please print)	Date
Withdraw (W) _____	No Action Taken _____		As instructor for this course, I hereby certify that the above mentioned student last attended the class on the date stated below.	
Incomplete (I) _____	Delete _____		_____	_____
			Instructor Signature	Last day of attendance
Department	Catalog Number	Section	Instructor Name (please print)	Date
Withdraw (W) _____	No Action Taken _____		As instructor for this course, I hereby certify that the above mentioned student last attended the class on the date stated below.	
Incomplete (I) _____	Delete _____		_____	_____
			Instructor Signature	Last day of attendance
Department	Catalog Number	Section	Instructor Name (please print)	Date
Withdraw (W) _____	No Action Taken _____		As instructor for this course, I hereby certify that the above mentioned student last attended the class on the date stated below.	
Incomplete (I) _____	Delete _____		_____	_____
			Instructor Signature	Last day of attendance
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Withdraw (W) _____	No Action Taken _____		As instructor for this course, I hereby certify that the above mentioned student last attended the class on the date stated below.	
Incomplete (I) _____	Delete _____		_____	_____
			Instructor Signature	Last day of attendance
Department	Catalog Number	Section	Instructor Name (please print)	Date
Withdraw (W) _____	No Action Taken _____		As instructor for this course, I hereby certify that the above mentioned student last attended the class on the date stated below.	
Incomplete (I) _____	Delete _____		_____	_____
			Instructor Signature	Last day of attendance
Department	Catalog Number	Section	Instructor Name (please print)	Date
Withdraw (W) _____	No Action Taken _____		As instructor for this course, I hereby certify that the above mentioned student last attended the class on the date stated below.	
Incomplete (I) _____	Delete _____		_____	_____
			Instructor Signature	Last day of attendance