

REQUEST FOR LEAVE OF ABSENCE FORM

Instructions for completing this form: Student will complete section I. Student will then take the form to the officials listed in section II for their signature. The completed form will then be returned to Records and Registration to complete the process.

*By requesting a leave of absence you indicate you have read the following information and understand the implications of taking a leave of absence. **The College may approve a leave of absence for a period of up to one year; however, financial aid repayment will begin after 180 days.** The date of re-enrollment will be based on numbers of students in each course and the sequence of courses. Transition activities may be required upon return to the College of Health Sciences. When returning to the course the student will start at the beginning of the course, regardless of where they were at the time of the request for a leave of absence. Failure to return from an approved leave of absence shall be considered a withdrawal.*

I. FOR STUDENT COMPLETION

Name: _____ Student ID#: _____

Please print

Address: _____ City, State, Zip: _____

Anticipated Date of Return: _____

Returning to Course(s): _____

Reason for leave of absence:

- | | | |
|--|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Medical | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Career Change | <input type="checkbox"/> Personal | |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Military | |

Student Signature: _____ Date: _____

II. FOR SCHOOL OFFICIAL COMPLETION

Faculty Advisor Signature: _____ Date: _____

Financial Aid Signature: _____ Date: _____

Billing Signature: _____ Date: _____

Library Signature: _____ Date: _____

Reg/Adv Supervisor Signature: _____ Date: _____

Asst. Dean of UG Nursing: _____ Date: _____

III. FOR REGISTRAR'S OFFICE COMPLETION

Registrar's Signature: _____ Date: _____

- | | |
|---|---|
| <input type="checkbox"/> CampusVue updated | <input type="checkbox"/> Anticipated Grade Date Refigured |
| <input type="checkbox"/> CANVAS updated | <input type="checkbox"/> File moved to LOA Section |
| <input type="checkbox"/> Holds checked | |
| <input type="checkbox"/> If receiving veteran's benefits, VA notified | |
| <input type="checkbox"/> Drop/Add form completed | |

Copies to:

- Faculty Advisor
- Financial Aid
- Billing
- Reg/Adv Supervisor

Records and Registration Use Only

Date Received _____

Date Processed _____