



## 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 – Please print all information

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

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

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: \_\_\_\_\_

Dean/Asst. Dean/Prog. Director: \_\_\_\_\_ 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

<b>Records and Registration Use Only</b>	
Date Received	_____
Date Processed	_____