

Students who plan to leave school for a semester, but not more than four consecutive semesters, must complete the Leave of Absence form, stating the reason(s) and their intended date of return.

Students on leave may register within four semesters of the date of leave. Students who do not return after four consecutive semesters must re-apply for admission. Contact the Admission office for detailed requirements.

Any student taking a leave of absence must complete this form, obtain signatures below, and return it to the Registrar's Office. A student will not be considered as having left in good standing unless a completed copy of this form is part of his/her student record and the student's status will be recorded as an unapproved withdrawal. If the student is withdrawing mid-semester, the student should drop courses according to the usual refund policies.

Date _____ Student ID _____

Name _____
Last First Middle

Address _____
No and Street City ST ZIP

Phone _____ E-mail _____

Adviser: _____ I plan to return _____

Last term studied: _____ Semester to return by: _____
(maximum: four semesters from last term studied)

Reason(s) for Leave (check all that apply) :

- | | | | |
|-------------------------------------|--|------------------------------------|----------------------------------|
| <input type="checkbox"/> Personal | <input type="checkbox"/> Work/Time Constraints | <input type="checkbox"/> Family | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Vocational | <input type="checkbox"/> Academic | <input type="checkbox"/> Financial | <input type="checkbox"/> Other |

Please feel free to elaborate below or on the back.

Required Signatures:

Student _____

Advisor _____ Approve Disapprove *

Academic Dean _____ Approved Denied *

Distribution:

Business Office Admissions Financial Aid Student Adviser

* State reasons on back