

Request for Leave of Absence



To Be Completed by the Student

***Students must have a minimum cumulative and semester GPA of 2.0 to be granted a leave of absence.**

- GENERAL LEAVE OF ABSENCE:** granted to students who wish to take time away from school for personal reasons of a non-medical nature.
- MEDICAL LEAVE OF ABSENCE:** granted to students who wish to apply for a leave due to a medical condition. The student may return to classes at the end of his/her leave once appropriate medical documentation has been received and verified by the Dean of Students.

Name: _____ Student ID#: _____

Address Line 1: _____

Check here if
this is a change
of address

Address Line 2: _____

City: _____ State: _____ Zip/Postal Code: _____

Country: _____ Telephone Number: _____

Reason for Request: _____

Student Signature: _____ Date: _____

To Be Completed with the Student's Academic Department

Approved Denied reason for denial _____

Dept. Director Signature: _____ Date: _____

(Optional: List the courses below, which a student should register for upon their return to the University. This will serve as a returning student's advising form.)

Course Number	Course Name	Credits	Comments
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

To Be Completed by the Library

Account Clear Outstanding Obligation explanation _____

Library Signature: _____ Date: _____

To Be Completed by Student Financial Services

Account Clear Outstanding Obligation explanation _____

SFS Signature: _____ Date: _____

To Be Completed by the Dean of Students

Approved Denied reason for denial _____

Term Effective: _____ Last Date of Attendance: _____

Dean of Students' Signature: _____ Date: _____