Financial Assistance

Leave of Absence (LOA) Request

Name _____ Student ID # _____

Last First MI

e-mail address _____ Degree Program _____

LOA request for: Fall Spring Summer Start Date_____

Current enrollment: _____credit hours Standards of Academic Progress _____

Please explain in detail the reason for the Leave of Absence Request and the date you expect to return to classes. Once notified of an approved LOA, you will be required to attend an LOA counseling with a Financial Aid Staff member to cover the requirements of the LOA.

Students Signature _____ Date _____

Please use the back of this page for additional space

_____

For Financial Aid Office use Only

LOA counseling completed :

Financial Aid Advisor _____

Student _____ Date _____

Coordinator of Financial Assistance

Debra S Stiefel

_____

LOA approved / disapproved

Date _____