

FISHER COLLEGE
LEAVE OF ABSENCE REQUEST FORM

Please write a letter explaining your reasons for requesting a leave and describing your plans for that time. Please read and sign the Fisher College Leave of Absence Policy Terms and Conditions. Your request will be invalid without a completed form, a letter, and your agreement to the terms signed and dated.

Date Request Submitted: _____

Student Name: _____ Student ID: _____

Current Address:

Permanent Address:

Cell phone: _____ Email address: _____

Semester(s) for which Leave is requested: _____

Semester of expected return: _____

Reason for request (please check one): Financial Personal Medical

Please note: A request for a leave for medical reasons must be accompanied by a note from a health care provider and will require additional approval from counseling services and/or nursing services.

Do you live in a residence hall? yes no (If yes, you must meet with the Director of Housing.)

Do you receive financial aid? yes no (If yes, you must meet with the Director of Financial Aid.)

Are you a United States citizen? yes no (If no, you must meet with the International Student Advisor.)

FOR OFFICE USE ONLY- DO NOT WRITE IN THIS AREA

Student's Major _____ Student's GPA _____

Academic Standing: Good Academic Probation Disciplinary Action (please explain)

Dean's approval signature: _____ Date: _____