



ADMISSIONS & RECORDS OFFICE Leave of Absence Application

Staff Initials & Intake Date: _____

Date Stamp: _____

Please complete the following. PRINT legibly and clearly.

Student Name: _____	Student ID: _____
Address: _____ Street Apt	Phone: (_____) _____
City State Zip	Email: _____

Instructions/Information:

1. Applications for a *Leave of Absence* should be filed in advance whenever possible. Use this form to preserve your catalog rights and registration priority.
2. Students applying for a medical leave of absence must furnish a statement from the attending medical physician explaining the necessity for a leave of absence.
3. Students requesting a military leave of absence must furnish a copy of the appropriate military orders.
4. Leaves of absence are limited to two calendar years and may only be extended under extenuating circumstances.

Retroactive leaves will only be considered if the situation prevented you from applying for the leave in advance of the absence.

- Reason for the Leave of Absence (check one): Medical Military
- The planned leave will begin: _____ Expected return: _____
semester/year semester/year
- I am receiving: Financial Aid Veteran's Benefits
- I am an International Student (F-1): Yes No

Student Statement: Please provide a detailed explanation to support your request for a Leave of Absence:

Student Signature: _____ Date: _____

Your Petition has been reviewed and your request has been: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Returned	
Comments: _____	
<input type="checkbox"/> Posted <input type="checkbox"/> OnBase <input type="checkbox"/> Emailed <input type="checkbox"/> Bus Office	Review Committee: _____ Date: _____