

Leave of Absence (LOA) Request Form

Name:	Student ID#:		
Last	First		
Program of Study:		Email	
Phone ()	(Student Status? \square Internation	nal (US visa holder) \square Domestic
The reason for my req	uest is:		
☐ Break/Vacation	\square Emergency outside the US	☐ Medical leave	☐ Military Deployment
Other. Explain:			
I request a leave of ab	sence fromYear/Term	to I wi	l return on
Guidelines:	Year/Term	Year/Term	Year/Term
Students in good financial and academic standing who find it necessary to interrupt their education may apply for a Leave of Absence (LOA) for up to one semester (two consecutive eight-week sessions) per calendar year.			
Application for LOA must be made prior to the start of the session in which the LOA is to begin. The LOA will NOT be granted for a session that has already started.			
Failure to return at the end of an approved LOA will result in a student's being withdrawn from the university.			
Students are eligible for LOA after they have successfully completed one semester (two consecutive terms of 8-weeks).			
A leave of absence does not adversely affect satisfactory progress toward a degree. Contact Financial Aid for information on the effects of a Leave of Absence on financial aid packages.			
By checking the boxes	s below:		
\Box I understand that if I have Stafford loans and do not return from a leave, my loans may go into immediate repayment.			
☐ I understand the Leave of Absence (LOA) guidelines mentioned above in accordance to the Academic Catalog.			
	On-campus studen	nts must collect the signature	S
Online students must submit this form to Student Retention and Services			
Student Signature: _		Date: _	
Office Use Only	Printed Name/Signature		
Student Finance:	· 	Date	:
Academics:			:
DSO (If applicable):		Date	·
Registrar:		Date	:
Student Services*:		Date	:
*Send final signed copy t	o Student Finance and DSO (if appli	cable)	
Approved: ☐ Yes ☐ N	o. Comments:		