



# 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: _____	Phone: (_____) _____
Street _____ Apt _____	Email: _____
City _____ State _____ Zip _____	

### 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: _____