



Petition for Leave of Absence

Student's Name _____ Student ID: _____ Date _____

Leave of Absence requested for the period of: _____
(Must state specific semester(s) of year)

My anticipated date/semester of return is (be specific): _____

I desire this status because of the following reason(s):

My plan for the current semester's classes is as follows:

I have discussed this matter either face to face, by phone or email, with my advisor, the Dean of Student Services, and **any lenders who may be affected**. My signature below indicates that I understand that my leave of absence constitutes an **“inactive student status”** for the above specified period. If I have outstanding Federal Student Loans, I also understand that I am responsible for notifying the lending agency of my leave status and that I will be responsible for any payments requested by the lender.

I understand that if I do not register for courses at the end of the above period I will be considered to have withdrawn, and will need to re-apply for admission in order to return.

My forwarding address will be:

I shall follow through in securing the signatures of those listed, and then will return this form to the Registrar for transmittal and action by the Dean prior to my departure from campus.

(Signature)

Date: _____



Petition for Leave of Absence

Student's Name: _____ Date: _____

The above named student has petitioned for Leave of Absence status for the period stated. Your signature below will indicate that the records warrant such action, that outstanding debts have been paid or negotiated, and that in your opinion, the reasons stated are acceptable.

N.B. International students must see the Director for International Student Affairs & relevant degree program directors. Students with guaranteed loans (GSL) must see the Director of Financial Aid.

⊖ ⊖ ⊖ ⊖ ⊖ ⊖ ⊖ ⊖ ⊖

	Signature of Approval	Date
Advisor	_____	_____
Director of Financial Aid	_____	_____
Dean of Student Services	_____	_____
Director of Field Education	_____	_____
Director International Student Affairs	_____	_____
Housing Director	_____	_____
Library	_____	_____
Director of Enrollment	_____	_____

⊖ ⊖ ⊖ ⊖ ⊖ ⊖ ⊖ ⊖ ⊖

Action by Director M.A/M.Div Programs: Approved: Denied:

Signature: _____ Date: _____

Comments:

⊖ ⊖ ⊖ ⊖ ⊖ ⊖ ⊖ ⊖ ⊖

Copies to: _____ by _____ on _____

Revised: 10/2/17