



Leave of Absence Request

Students who find it necessary to interrupt their planned program of study due to serious life difficulties (medical, family, employment, etc.) may request a leave of absence by submitting a petition through their faculty advisor to the Academic Policy Committee. This petition should include reasons for seeking a leave and a schedule for resuming study. When the Committee has made a decision, the student will receive a letter informing her or him of the decision. Leaves are not granted for more than one academic year.

Student's Name _____

Program _____

I am requesting a leave of absence until _____ (please list the date you intend to return).

Students should be aware that an approved leave of absence cannot exceed 180 days.

Reason for Leave:

Student's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____

Please return completed form to the Registrar's Office for submission to the Academic Policy Committee.

For Office Use

Conditions of Leave of Absence _____

Approved by APC? _____ FSA Approved? _____ Last Date of Attendance: ____/____/____