

Medical Leave of Absence (Voluntary) Request Form Office of the Registrar

A Leave of Absence is a temporary interruption in a student's program of study and requires approval from the academic department chair. If the request for the leave is denied, the student may petition the Academic Policy and Standards Committee.

[A Financial Aid Leave of Absence may not be for more than 180 days by federal regulations. It is a separate form found online and must be approved by the Director of Financial Aid.]

Student ID # _____ Personal email _____

Name _____ Date submitted ____/____/____

Address _____
(Street) (City) (State) (Zip)

Cell Phone Number _____

I am Requesting a Medical Leave for the following Reason:

My current plan and schedule to resume my matriculation is:

Medical documentation enclosed (A letter or letters from the treating licensed health care provider(s) must be attached.

Leave start ____/____/____ *Anticipated* Return semester fall spring summer Year: _____

REGISTRAR'S OFFICE USE ONLY Dean of Students Office HR Admissions (Intl student) Financial Aid

FOLLOW UP Student registered as required on ____/____/____ Student did not return ____/____/____

