



LEAVE OF ABSENCE FORM

LOA may not exceed 180 days -- For Financial Aid recipients, LOA are limited to one leave of absence with a 12 month period. If a LOA is needed for longer than 180 days, students will be terminated from financial aid. The six month grace period for direct loans will commence upon termination from aid.

Full Name (Official Name): _____ Date: _____

Social Security #: _____ - _____ - _____ Date of Birth: _____

Enrolled Program _____ Dates of Attendance: _____

Request Date: _____

Clock/Credit Hours Completed: _____ Percentage Completed: _____ % Current SAP status: _____

Leave of Absence Requested From: _____ Through: _____

STATE THE REASON FOR WITHDRAWAL (use the back if you run out of space):

Supporting Documentation (If Applicable):

Based on the above circumstances, I request this leave of absence.

Student's Signature: _____ Date: _____

FOR SCHOOL USE ONLY. PLEASE DO NOT FILL OUT THIS SECTION:

Funding Source: _____ Request Status: Granted Denied

Reason for Approval:

Family Care Required Financial Problem Health Problem Legal Problem Pregnancy Other

If selected "Other," specify the reason: _____

Signature (Financial Aid): _____ Date: _____

Signature (Student Services): _____ Date: _____

RETURN FROM LEAVE OF ABSENCE DATA (FOR SCHOOL USE ONLY):

Date returned: _____ Did not return as scheduled: _____

Signature (Student Services): _____ Date: _____