HEALTH SCIENCES CENTER Student Request for Leave or Return from Leave of Absence

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Student Name (please print)				Student ID Number		Current Date			
Last Name Fin		rst Name Middle							
Request For Leave of Absence									
Begin Date	Last Day or Class Attendance			End Date					
College		Najor Year in Program		n Program	Degree Name		Exp. Grad. Date		
Reason:									
Have you received federal student financial aid funds?									
If yes, after 180 day	/s of LOA, student w	ill begin using grace pe	eriod o	n student loans.					
Return From Leave of Absence									
NOTE: STUDENT WILL HAVE TO REAPPLY IF LEAVE OF ABSENCE IN EXCEEDS THREE CONSECUTIVE TERMS									
Last Year and Term Enrolled				Year and Term Returning					
Return status will be:	College	Major/Plan	Y	/ear in Program	Degree	Name	Exp. Grad. Date		

Full time Part time In Full Standing On Probation

POLICY

Students may request a leave of absence. The major department and the college must approve a leave. Graduate students must get approval from the Graduate College dean. If granted, the student will be allowed to remain out of school for no more than one academic year. For example, if a student completes the fall term and is granted a leave of absence beginning the next spring term, the student may remain on leave of absence for the spring semester, the summer session and the following fall semester, but enrollment will be required by the next spring semester.

If a student does not reenroll for a term, a leave of absence must be granted or readmission will be required for future enrollment.

Authorizations and Signatures							
Student Signature		Date					
College Official Signature		Date					
Graduate College Dean Signature		Date					
Administrative Use Only							
Processed By	Date	Commer	nts				