



Leave of Absence Request Form

Directions: Student completes the form and forwards it to the Department Chair for review, routing and approval.

Student name: [Click here to enter text.](#)

Academic program: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Last completed class: [Click here to enter text.](#)

Date of request: [Click here to enter a date.](#)

Anticipated return date: [Click here to enter a date.](#)

Please briefly explain why you are requesting a leave of absence.

Student Signature _____ Date: _____

Upon approval from the Department Chair, the student's academic transcript will record the approved leave and the anticipated return date. The Department Chair will send the student notification of the approval or denial of the requested leave.

It is the student's responsibility to return to active status or request an additional leave of absence upon the completion of the initial approved leave of absence. Students who return to the program will be subject to tuition as of the date of re-entry. Students who do not return at the end of the leave of absence period will be considered withdrawn from the program.

Department Chair approval Recommended Not recommended

Department Chair Signature _____ Date: _____

Department Chair Comments:

Finance POC approval Recommended Not recommended

Finance POC Signature _____ Date: _____

Finance POC Comments: