

Instructions: Student will complete section I. Student will then take the form to the officials listed in Section II for their signature. The student turns this form in to the Dean, Student Services.

The College may approve a leave of absence up to 180 days in a 12-month period. The student is advised that failure to return from a leave of absence as scheduled will affect the student's loan repayment terms and may cause the student's grace period to expire.

The date of re-enrollment will be based on space availability in each course. Transition activities may be required upon return to the College. When returning to the course(s) the student will start at the beginning of the course, regardless of the time of the request for a leave of absence. Failure to return from an approved leave of absence shall be considered a withdrawal as of the date the leave of absence began.

SECTION 1: Student Completes		
Name (please print):		Date of Birth:
Address:		City, State, Zip:
Anticipated date of Return:		Returning to course(s): _____
Reason for leave of absence:		
<input type="checkbox"/> Academic	<input type="checkbox"/> Death in family	<input type="checkbox"/> Jury duty
<input type="checkbox"/> Personal	<input type="checkbox"/> Illness of self or family member	<input type="checkbox"/> Other (explain) _____ _____
<input type="checkbox"/> Financial	<input type="checkbox"/> Birth of baby or situations covered by the Family and Medical Leave Act of 1993	
Student Signature: _____		Date: _____
By requesting a leave of absence you indicate you understand the implications of taking a leave of absence.		

SECTION II: School Officials Complete	
Faculty Advisor Signature: _____	Date: _____
Registrar's Signature _____	Date: _____
Financial Aid Signature: _____	Date: _____
Fiscal Services Signature: _____	Date: _____
Library Signature: _____	Date: _____

SECTION III: Office Use Only		
<input type="checkbox"/> Name badge received	<input type="checkbox"/> Anticipated grad date updated	<input type="checkbox"/> Financial aid counseling
<input type="checkbox"/> Pyxis and Epic access deactivated	<input type="checkbox"/> CAMS status updated	<input type="checkbox"/> Faculty Advisor, plan of study
<input type="checkbox"/> Enrollment updated in Clearinghouse	<input type="checkbox"/> VA notified, if receiving benefits	<input type="checkbox"/> Financial obligations met
<input type="checkbox"/> Course grade recorded as a W	<input type="checkbox"/> Course faculty notified	<input type="checkbox"/> Library materials/resources
Date received: _____ Date Processed: _____ Date approved: _____		
Dean, Student Services signature: _____		