

A student must fill out a Leave of Absence form if the student is a) on-ground and will miss one semester or b) online and will miss two consecutive eight-week sessions.

Once a leave of absence form is submitted, the student is granted leave and is eligible to return to the University within one-year from the date the form was officially processed. If the student returns within the year timeframe, the student will maintain the same degree requirements from the student's last term of attendance at the University. Any University awarded financial aid will be maintained. There is no guarantee about State or Federal financial aid. Please see the Office of Financial Aid.

If a student extends a leave of absence beyond one-year, the student will be required to apply for readmission to the University and will be assigned the current degree requirements for the student's major, if that program is available. If the program is no longer available the student will be required to choose a new program.

A Leave of Absence form is not equivalent to a complete withdrawal. This is a separate process which must be submitted in the Office of the University Registrar within the published deadlines. Please contact your advisor for the form.

Student Name: _____

Student ID Number: _____

Address: _____

Telephone Number: _____

Major: _____

Part-time

Full-time

Online

Last Term in Attendance: Semester: _____

Year: _____ Term: _____

Anticipated Date of Return: Semester: _____

Year: _____ Term: _____

Reason for Leave: Illness Work-Related Personal Financial Other: _____

I understand that by taking a leave it may result in my not graduating as originally planned and may affect my State and Federal financial aid award. I understand that I am responsible for paying any and all outstanding balances on my account.

Student Signature: _____ Date: _____

Approvals

Student's Advisor:

Signature: _____ Date: _____

Student Accounts:

Signature: _____ Date: _____

Dean of Student Affairs:

Signature: _____ Date: _____

Office of the University Registrar:

Signature: _____ Date: _____