Leave of Absence (LOA) Form

Student’s Name________________________________________ Student ID________________________________
Phone Number_________________________ Email Address________________________________

A leave of absence is an interruption in a student’s program of study. The number of days in a leave of absence will be calculated based on the day after your last date of attendance and the day before you are scheduled to return.

First Day of Leave____________ Expected Date of Return____________ Return to Course #________

Reason for Leave: (check one)
___Medical
___Family emergency (including financial, health issues, divorce, death)
___Job emergency (including job transfer, additional job responsibilities, loss of job)
___Military
___Jury Duty
___Other (must be specific) _____________________________________________________________

Please provide a brief explanation of your circumstances:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
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____________________________________________________________________________________

I understand that if I fail to return on my scheduled date my current student loans will be subject to a return of funds calculation to determine how much will need to be returned to the Department of education and/or my student loans will enter the grace or repayment period as of my last date of class attendance. I understand my number of leave days cannot exceed 100 continuous day per approved leave of absence and no more than 180 total days within a 12-month period.

_________________________________________  ____________________
Student’s Signature                           Date

_________________________________________  ____________________
Academic Advisor’s Signature                  Date

Financial Aid Office Approval:  Y / N  Comments: __________________________________________

_________________________________________  ____________________
Name                                           Date