



Leave of Absence (LOA) Form

Student's Name _____ Student ID _____

Phone Number _____ Email Address _____

A leave of absence is as 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:

I understand that if I fail to return on my scheduled date my current student loans will be subject to an 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