



College of Biosciences and Health Professions
Leave of Absence Request Form
Office of Student Affairs

Instructions:

All students requesting a Leave of Absence from the College of Biosciences and Health Professions are required to meet with the Office of Student Affairs prior to completing this form. Upon approval, students must also meet with the Office of Financial Aid or the Business Office to discuss any financial impact on their account. The completed form with all required signatures must be submitted to the Office of the Registrar for processing. The effective date of the LOA is the student's last day of attendance or the date the form is received in the Registrar's Office (whichever is earlier). Students must submit their intent to return in writing to the Office of the Registrar within thirty (30) calendar days of the anticipated return date.

Student's Full Name: _____ Student ID#: _____

Mailing Address: _____

Phone: _____ Email: _____ Program: _____

Last Day of Attendance: ____/____/____ Expected Return Date: ____/____/____

REASON FOR LEAVE OF ABSENCE (check one)

Medical Maternity Military Personal Other

Please provide any additional comments:

Large empty rectangular box for additional comments.

REQUIRED SIGNATURES

Student's Signature _____ Date _____
Office of Student Affairs Signature _____ Date _____
Program Director's Signature _____ Date _____
Office of Financial Aid or Business Office _____ Date _____
Office of the Registrar _____ Date _____