

Request for LEAVE OF ABSENCE

Name: _____ Date submitted: ____ / ____ / ____

Student ID # or Last 4 of SSN/SIN _____ Program: _____

Are you **completing** the **current term**? YES NOMy **Last Date of Attendance** will be: ____ / ____ / ____ of the _____ semester Year 20__My **Return Term** will be: _____ semester Year 20__

Reason for requesting leave: _____

(If more space is required, please continue on the back of the form.)

Please note: Students may request a Leave of Absence due to illness or other extenuating circumstances by completing a Leave of Absence form and submitting it to their Faculty Advisor. A Leave of Absence may be granted for a period not to exceed three semesters (one calendar year). ***International students are not eligible to take a leave of absence. If a student has accepted a practicum or internship prior to requesting a leave, or is completing a practicum/internship at the time of the request, the student must contact the Director of Training prior to submission of the form to their Faculty Advisor. Approval of a Leave of Absence does not extend the deadline for completion of course work or other course requirements. Financial Aid recipients with student loans should be mindful of their grace periods.***

In order for the Leave of Absence to be processed, the student must be in good financial standing with Adler University.

Students who do not return from a Leave of Absence by the agreed upon semester will be administratively withdrawn from the School. Your withdrawal date will be your last date of attendance or the last date of the last term attended. To return to the School, administratively withdrawn students must submit a new application for admission and, if admitted, must follow the regulations and program requirements in effect at the time of the new admission.

****It is the student's responsibility to obtain all signatures listed below and make sure the form is submitted to the Office of the Registrar. This request is not considered official until processed by the Office of the Registrar. Incomplete forms will be returned to the student.****

Student Signature: _____ Date: _____

(Your signature indicates you have read and understand the information listed above.)

APPROVAL OF LEAVE

_____ Date approved: ____ / ____ / ____

Faculty Advisor

_____ Date approved: ____ / ____ / ____

Program Director

_____ Date approved: ____ / ____ / ____

Training Department

_____ Date approved: ____ / ____ / ____

Financial Aid

Registrar's Office Use Only: Received by rep. initials & date received: _____

Registrar's Office Representative (final signature & date) _____