

Request for LEAVE OF ABSENCE – Vancouver Campus

Name: _____ Date submitted: ____ / ____ / ____

Student ID # _____ Program: _____

Have you **previously** taken a Leave of Absence? YES NO

Are you **completing** the **current term**? YES NO

My **Last Date of Attendance** will be: ____ / ____ / ____ of the _____ term

My **Return Term** will be: Fall Spring Summer **Year 20**____

Reason for requesting leave: _____

(If more space is required, please add another page.)

PLEASE NOTE:

- Students may request a Leave of Absence due to **illness or other extenuating circumstances**
- A Leave of Absence may be granted for a period not to exceed three semesters (**one calendar year**).
- 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 and/or Manager, Community Action & Engagement** prior to submission of the form to their Advisor (Thesis/Dissertation/Capstone/Project Students) .
- 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.
- 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- Students who do not return from a Leave of Absence by the agreed upon semester will be administratively withdrawn from the University.

It is the **student's responsibility to obtain all signatures listed below and make sure the form is submitted via email to the Office of the Registrar (vanregistrar@adler.edu). 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

Thesis/Dissertation/Capstone/Project Advisor (if applicable)

Date approved: ____ / ____ / ____

Director of Training and/or
Manager, Community Action & Engagement (if applicable)

Date approved: ____ / ____ / ____

Program Director

Date approved: ____ / ____ / ____

Student Accounts

Date approved: ____ / ____ / ____

Registrar's Office Use Only:

Rep Initials & Date Received: _____

Rep Initials & Date Processed: _____