

**Request for LEAVE OF ABSENCE – Vancouver Campus
International Students ONLY**

Name: _____ Date submitted: ____ / ____ / ____

Student ID # _____ Program: _____

Are you currently completing GPP (General Preparatory Program)? YES NO

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 **one term**.
- 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.
- 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- Students who do not return from a Leave of Absence by the agreed upon semester will be administratively withdrawn from the University.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 Registrar (vanregistrar@adler.edu). This request is not considered official until processed by 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.)

A signature from the **International Student Services Coordinator must be obtain **PRIOR** to getting approval from your Advisor (if applicable) and Program Director.**

International Student Services Coordinator

Date: _____

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: _____