



# Leave of Absence Request

## Student Information

Name: \_\_\_\_\_ Student ID: A00000 \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Term of Leave Information

Indicate the term(s) for which this request is being made. There is a two-term limit for leaves of absence requests. Students seeking more time away from school must use an official withdraw form:

Term 1: \_\_\_\_\_ Year: \_\_\_\_\_ / Term 2: \_\_\_\_\_ Year: \_\_\_\_\_

If you are requesting a leave of absence for the remainder of a term, what is the date of the first day of the leave? \_\_\_\_\_

Are you currently residing on campus? (check one): \_\_\_\_\_ Yes \_\_\_\_\_ No

If you are residing on campus, on what date will you move out? \_\_\_\_\_

Reason for leave of absence (check one):

\_\_\_\_\_ Medical \_\_\_\_\_ Military/ Active Duty

**A letter of explanation must be included with this request.**

## Return to Antioch College

Term you plan to return to Antioch College: Term: \_\_\_\_\_ Year: \_\_\_\_\_

Do you plan to return for a study term or a co-op term? (check one):

\_\_\_\_\_ Study \_\_\_\_\_ Co-Op

Is this study or co-op term within your normal study/ co-op sequence or will you be requesting a change of sequence? (check one):

\_\_\_\_\_ Within normal sequence \_\_\_\_\_ I will request a change of sequence

*A change of study/ co-op sequence is requested by a separate petition to the Academic Policy and review Committee (APRC). You must consult your co-op advisor, academic advisor, and the registrar to initiate this process.*



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## Required Signatures

It is critical to ensure that you are able to return to Antioch College without any complications that might affect your ability to enroll for classes. You are required to visit these offices to inquire about any outstanding issues, financial or otherwise, that may result in a hold that will prevent your registration for classes upon your return:

Billing Office \_\_\_\_\_ Date: \_\_\_\_\_

Financial Aid \_\_\_\_\_ Date: \_\_\_\_\_

Housing \_\_\_\_\_ Date: \_\_\_\_\_

Library \_\_\_\_\_ Date: \_\_\_\_\_

Dean of Students \_\_\_\_\_ Date: \_\_\_\_\_

- *I have consulted the above offices and have received information that may affect my ability to re-enroll at Antioch College.*
- *I understand that if I leave campus without consulting the above offices, there may be unresolved issues preventing my enrollment when I return.*
- *I understand that I will be withdrawn from any currently registered courses if this form is submitted with an effective date on or before the last day of the seventh week of the term.*
- *I understand that I must file a separate notification of intent to re-enroll with the Registrar's Office in accordance with published deadlines.*
- *I understand that my student account balance must be paid in full in accordance with published deadlines prior to returning to Antioch College.*
- *I understand how a leave of absence will affect my financial aid and institutional awards.*
- *I understand that if I live in the campus residence halls, failure to meet with an official in Residence Life regarding final checkout will result in additional charges assessed to my student account.*
- *I understand that if I do not return to school for the term following this leave of absence, I will be administratively withdrawn from Antioch College.*

Student signature \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY:

VP for Academic Affairs: \_\_\_\_\_ Date: \_\_\_\_\_

LOA Start Date: \_\_\_\_\_ Processed By: \_\_\_\_\_ Posted Date: \_\_\_\_\_

Notification Sent to: AA, Advisor, Co-op, Dean of Students, Housing, Instructor(s), Library, Student Accounts, F.A., IR, and IT:

Date notifications sent: \_\_\_\_\_