

erikson

Leave of Absence Request

I hereby request an academic leave of absence for the reasons and dates listed below. I understand that all outstanding coursework must be completed and submitted by the dates outlined in the *Bulletin*. I also understand that if I do not return within one academic year, I will need to reapply to the program. I will notify my faculty adviser and the Registration and Student Records office no less than two months prior to returning from my leave of absence and submit all registration and financial aid materials by the deadlines published for that given term. Lastly, I understand that all outstanding tuition and fees must be paid before resuming studies.

Name: _____ ID# : _____
Last First Middle

Address: _____
Street

City State Zip Code

Phone: (Home) _____ (Mobile) _____

Erikson E-mail Address: _____

Academic program in which you are enrolled: _____

A. Reason for leave of absence: _____

B. Is this a request for a renewal of a current leave of absence? Yes No

C. Period of leave of absence from: _____ through _____
(limit of one academic year) term year term year

D. Time-table for completion of outstanding degree requirements:
Degree Requirement/Anticipated date of completion (term-year)

Course work: _____

Internship: _____

Comprehensive examination: _____

Student Signature: _____ Date: _____

Adviser Signature: _____ Date: _____

Reg. & Student Records Office: _____ Date: _____