

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 academic calendar and student handbook. 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 academic advisor 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. Leave of Absence Start Date: _____ Return Date: _____
(limit of one academic year) Start term Start year Return term Return year

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

Course work: _____

Internship (if applicable): _____

Comprehensive examination/Capstone: _____

Student Signature: _____ Date: _____

Academic Advisor Signature: _____ Date: _____

Program Director Signature: _____ Date: _____

Reg & Student Records Office: _____ Date: _____