



LEAVE OF ABSENCE REQUEST FORM

This form is for students who wish to take a Leave of Absence from Saybrook University.

INSTRUCTIONS: Fill out the information below, including your handwritten signature. Email the document as an attachment to Registrar@saybrook.edu. Be sure to contact Student Accounts (studentaccounts@saybrook.edu) and Financial Aid (finaid@saybrook.edu) before going on leave.

SECTION I: TO BE COMPLETED BY STUDENT

Student Name (print): _____ Student ID _____

Email Address (other than school account): _____ Degree Level/Program: _____

LOA Semester: indicate the semester you would like to take a leave; NOTE: **Students are only eligible to take a leave of absence for one (required) semester.** Students who take a leave in Fall, must return in Spring. Summer semesters are not calculated into the time frame for a leave of absence for students in the College of Social Science only.

Semester: Fall Spring Summer Year: _____ Have you been Granted an LOA before? Yes No

Reason for leave (Please check all that apply):		
<input type="checkbox"/> Financial	<input type="checkbox"/> Personal/Family	<input type="checkbox"/> Other (explain):
<input type="checkbox"/> Health/Medical	<input type="checkbox"/> Academic	

Please read and sign below:
Your request for a Leave of Absence (LOA) must be received prior to the Add/Drop deadline of the semester in which it is taken. Your LOA ends on the last day of the semester in which it occurs. Failing to return from an LOA will result in administrative withdrawal. Before your leave ends, you must resolve any/all outstanding financial issues. While on leave, you are not enrolled and are not reported as active for the purposes of in-school loan deferments. Please follow up with your lenders regarding terms of repayment.

Student's Signature	Date
----------------------------	-------------

SECTION II: TO BE COMPLETED BY SAYBROOK/TCS STAFF

FOR OFFICE USE ONLY									
DOD (Date Rec'd):		Date Entered (CVue):		LDA:		NSLDS WDRWL:		Drop Week:	
Rev. Grad. Date:		Return from LOA Date (Last day of Semester):		FA/LOA Counseling Completed (date):		Prev. LOA #			
Course(s) Removed: <input type="checkbox"/> Yes (Unregistered) <input type="checkbox"/> No, Not Registered <input type="checkbox"/> No, Course(s) Dropped							Grade: <input type="checkbox"/> W <input type="checkbox"/> F <input checked="" type="checkbox"/> N/A		
Registrar Processed:				Date:		Comments:			
Financial Aid Processed:				Date:		Comments:			
Balance Due? <input type="checkbox"/> No <input type="checkbox"/> Yes				Amount:	\$	Date Ref. Iss:			
Student Accounts Processed:						Comments:			