

## 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 signature. Email the document as an attachment to [academicadvising@saybrook.edu](mailto:academicadvising@saybrook.edu) from your Saybrook University email account. It is also recommended that you speak with your Department Chair, instructors/Faculty Advisors, Academic Advisor and/or Student Affairs prior to submitting the form. Be sure to contact Student Accounts ([studentaccounts@saybrook.edu](mailto:studentaccounts@saybrook.edu)) and Financial Aid ([finaid@saybrook.edu](mailto:finaid@saybrook.edu)) prior to your leave to understand the impacts to your financial account.

### 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

<b>Reason for leave (Please check all that apply):</b>		
<b>Employment</b> <input type="checkbox"/> Need time off for work <input type="checkbox"/> Changing Roles/Jobs <input type="checkbox"/> Employer Support <input type="checkbox"/> Terminated <input type="checkbox"/> Classes conflict with work <input type="checkbox"/> Other (explain): _____	<b>Financial</b> <input type="checkbox"/> Could not qualify for financial aid <input type="checkbox"/> Family financial problems <b>Personal/Health</b> <input type="checkbox"/> Medical reasons <input type="checkbox"/> Unable to balance School/Health	<b>Academic</b> <input type="checkbox"/> Changing Programs/Schools <input type="checkbox"/> Not enough academic support <input type="checkbox"/> Program too difficult <input type="checkbox"/> Program/courses not challenging <input type="checkbox"/> Program is not a good fit for career goals
Please indicate all departments/staff/faculty that you have discussed your leave with: <input type="checkbox"/> Department Chair <input type="checkbox"/> Academic Advisor <input type="checkbox"/> Student Accounts <input type="checkbox"/> Instructor(s) <input type="checkbox"/> Faculty Advisor <input type="checkbox"/> Student Affairs <input type="checkbox"/> Dissertation Chair <input type="checkbox"/> Financial Aid <input type="checkbox"/> Registrar's Office		
<b>Please read and sign below:</b> <i>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.</i>		
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 type="checkbox"/> N/A		
Registrar Processed:		Date:		Comments:					
Scholarship? <input type="checkbox"/> No <input type="checkbox"/> Yes									
Financial Aid Processed:		Date:		Comments:					
Special Tuition Rate? <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, remove Agency Sponsor field)	Balance Due? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount:	\$	Date Ref. Iss:					
Student Accounts Processed:		Date:		Comments:					