



**Office of the Registrar
Leave of Absence Form**

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 and Financial Aid (Ph: 888-253-5100) before going on leave. Remember, before your leave ends you must resolve any financial issues.

SECTION I: TO BE COMPLETED BY STUDENT

Name: _____ ID Number: _____

Email Address (other than school account): _____ International student?

Degree Level: _____ Program: _____ Location: _____

Current Enrollment: I plan to **complete** the courses I am enrolled in before LOA **OR**
(choose one) I plan to **withdraw** from the courses I am currently enrolled in.

<p><u>LEAVE START SEMESTER</u></p> <p>Term: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer</p> <p>Online: <input type="checkbox"/> Session I <input type="checkbox"/> Session II</p> <p>Year: _____</p>	<p><u>LEAVE RETURN SEMESTER</u></p> <p>Term: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer</p> <p>Online: <input type="checkbox"/> Session I <input type="checkbox"/> Session II</p> <p>Year: _____</p>
<p>Reason for Leave: <input type="checkbox"/> Financial <input type="checkbox"/> Health/Medical <input type="checkbox"/> Personal/Family <input type="checkbox"/> Academic</p> <p><input type="checkbox"/> Other: _____</p>	
<p>Granted an LOA before? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, list semester and year: _____</p>	
<p>Please read and sign below: <i>Your request for a Leave of Absence must be received prior to the start of the semester in which it is taken. Your Leave of Absence ends on the last day of the semester in which it occurs. Remember, before your leave ends, you must resolve any financial issues. While on leave, you are not enrolled and are not reported as enrolled for the purposes of in-school loan deferments. Please check with your lenders for terms of repayment.</i></p>	
<p>Student's Signature _____</p>	<p>Date _____</p>

SECTION II: TO BE COMPLETED BY THE OFFICE OF THE REGISTRAR

AUTHORIZATIONS					
I. OFFICE OF THE REGISTRAR					
Signature _____			Date _____		
II. FINANCIAL AID					
Signature _____			Date _____		
III. STUDENT ACCOUNTS					
Balance due? <input type="checkbox"/> No <input type="checkbox"/> Yes Amount \$ _____					
Signature _____			Date _____		
FOR USE BY THE OFFICE OF THE REGISTRAR				Date Received: _____	
Date of Determination:		Rev. Grad date:		Courses Removed: _____ week	
Sys entry date:		Rtn Sem. date:		YES: <input type="checkbox"/> Unregistered	Drop Grade:
LDA:		Refund %:		NO: <input type="checkbox"/> not registered OR <input type="checkbox"/> dropped after 10 th day	<input type="checkbox"/> W <input type="checkbox"/> F
NSLDS WDRWL:		Processed by:		Notifications: <input type="checkbox"/> IT <input type="checkbox"/> Facilities <input type="checkbox"/> ISA <input type="checkbox"/> Library <input type="checkbox"/> APP	
Initial by FA Advisor: LOA Counseling Complete					