

Financial Aid Leave of Absence Form

(Please Print) Name:	Student ID Number:
Date of Birth:	Telephone #:
Which term will you be attending next? Fall 2	0 Spring 20 Summer 20
What is your current major:	Anticipated Graduation Date:
REASON FOR	THE LEAVE OF ABSENCE

Please check those that apply:

□ HARDSHIP:

- Illness or Injury
- Work Schedule Change
- Daycare Problems
- Transportation Problems
- Death of Family Member

□ AFFECTED BY ROLLING ADMISSION (WAITLIST)

RELIGIOUS COMMITMENT EXPECTED OF ALL STUDENTS OF THAT FAITH

COMMENTS/EXPLAINATION:

Student Signature

Date

Rec'd in Financial Aid Office	Date:
Approved by Financial Aid Director	
or Designee:	Signature: