

Student Leave Request Form

Please complete this form if you are anticipating being unable to participate in all course requirements or activities for a period of time beyond 15 consecutive class days.

Name [please print] _____ Date Submitted _____ Phone Number _____

Student ID# _____ Program _____ Class Year _____ Email _____

The reason for my student leave request is due to [please choose one]:

- Medical (include documentation by healthcare provider; a release will be required upon return)
Military Deployment (a copy of military orders must be provided)
Personal/Other [must specify] _____

I will be unable to participate in all course requirements or activities due to the reason stated above starting on _____ I will resume all course requirements or activities on _____.

NOTE: A Student leave may not be granted for more than 1 year.

Please initial the following:

I have explained in detail on the following page why I am requesting Student Leave and additional documentation (medical, etc.) to support my request is attached.

If my request is denied, or my absence extends beyond the return date specified above, I will be administratively withdrawn from the program, and I must reapply for admission.

I will notify Enrollment Services of my intent to return, in writing within the time frame specified by the Dean (noted on the second page).

I will not be eligible for financial aid while on Student Leave, and no enrollment will be reported to defer my student loans [if applicable].

I acknowledge by my signature below that I have read and understand the University's Student Leave Policy in accordance with the ATSU University Catalog.

Student signature _____ Date _____

Submit this form along with documentation supporting your Student Leave request to Enrollment Services E: enrollmentservices@atsu.edu or F: 888.676.6701

Continued on next page. . .

Student Explanation of Need for Student Leave (if more room is needed, please note that the explanation is continued on an attached document):

University Official use only

Dean of school: Please list the requirements the student must meet to be approved to return from Student Leave (include any documentation that would be required):

Date by which student must notify Enrollment Services of return: _____

APPROVED

DENIED

Dean's Signature

Vice President or Associate Vice President for Student Affairs Signature

In regards to Student Health Insurance, the Vice President or Associate Vice President for Student Affairs has confirmed the following:

Student has waiver

Continue with HSAC this semester

Terminate HSAC coverage