

Extended Absence Request Form

Please complete this form if you are anticipating being unable to participate in all course requirements or activities for a defined period from 6 to 15 consecutive class days.

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

Student ID# _____ Program _____ Class Year _____ Email _____

The reason for my extended absence request is due to a/an:

Please choose:

Medical (include documentation by
healthcare provider)

Personal/Other _____

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 _____.

Please initial the following:

I have not been approved for an extended absence within the last 30 days.

Any absence that will extend beyond the 15th day will require that I complete a request for approval under the Student Leave Policy.

If my Student Leave request is denied, and I do not return to all course requirements or activities on the date listed above, I will be administratively withdrawn from the program, and I must reapply for admission.

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

Student signature _____ Date _____

Please submit this form along with documentation supporting your extended absence request to your Dean's Office.

Questions regarding the process may be directed to Enrollment Services.

E: Enrollmentservices@atsu.edu or P: 866.626.2878 ext. 2019

University Approvals-Please sign electronically and forward to the next office.

1. _____

Dean

Once signed, please send to Student Affairs.

APPROVED

2. _____

Vice President or Associate Vice President for Student Affairs

Once signed, please send to Enrollment Services.

DENIED

3. _____

Director or Assistant Director - Student Financial Aid - Enrollment Services (Advising Appointment Required)

4. _____

Registrar or Assistant Registrar - Enrollment Services (Final Signature)