

## Student Leave Request Form

Please complete this form to request approval for a leave if you anticipate 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] \_\_\_\_\_

Start date of requested Student Leave \_\_\_\_\_

End date of requested Student Leave \_\_\_\_\_

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

Please provide an explanation below for this Student Leave request.

If more room is needed, please note that the explanation is continued on an attached document.

Please read and initial all of the following statements:

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

If my request is denied, I will work with my program to continue my studies or I will withdraw.

I will notify Enrollment Services of my intent to return, in writing within the time frame specified by the Dean (noted on this page). If my absence extends beyond the return date, I will be administratively withdrawn and must reapply for admission.

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 as published in the [ATSU University Catalog](#).

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Submit this form along with any supporting documentation to Enrollment Services [enrollmentservices@atsu.edu](mailto:enrollmentservices@atsu.edu).

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**University Official Use Only**

**School Dean**

Please list the requirements, including any required documentation, for the student to be approved for return.

Date by which student must notify Enrollment Services of return: \_\_\_\_\_

APPROVED

DENIED

\_\_\_\_\_  
Dean's 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

\_\_\_\_\_  
Vice President or Associate Vice President for Student Affairs Signature