

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 _____

Please choose the reason for the extended absence:

- 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 15 days 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and I do not return to all course requirements or activities on the date listed above, I will be administratively withdrawn from the program, and I must reapply for admission.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 Catalog.

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.

University Approval

Please sign and forward to Enrollment Services. Enrollment Services will notify Student Affairs.

Dean

- APPROVED DENIED