

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)
- ☐ Board Exam Reasons
- ☐ Personal/Other [must specify]

Start date of requested Student Leave _____

End date of requested Student Leave _____

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

To protect your privacy, please provide your explanation of why a leave is needed in a separate document. This allows us to provide documentation to the Dean in order to make a decision but will not be added to your academic file.

Please read and initial all the following statements:

I have explained in detail 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 If my absence extends beyond the return date, I will be administratively withdrawn and must reapply for admission.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.

University Official Use Only

School Dean

Please list the requirements, including any required documentation, for the student to be approved for return. In addition, please provide the date below for students to notify Enrollment Services of their return.

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

☐

APPROVED

☐

DENIED

Dean's Signature

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

☐

Student haswaiver

☐

Continue with HSAC this semester

☐

Terminate HSAC coverage

Vice Chancellor or Associate Vice Chancellor for Student Affairs Signature