

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	
PhoneNumber	Student ID#	Program	_
Class Year	Email		_
The reason for my stude	nt leave request is due to	o [please choose one]:	
$\boldsymbol{\varkappa}$	nt (a copy of military ord	care provider; a release will be required upon ret ders must be provided)	:urn)
Start date of requested Stud	lent Leave		
End date of requested Stude	ent Leave		
NOTE: Student Leave may	not be granted for more t	han 1 year.	
	nis allows us to provided to year	-	
I have explained in		Student Leave and additional documentation (medi	ical,
If my request is d	enied, I will work with m	ny program to continue my studies or I will witho	draw
by the Dean (noted		ntto return, in writing within the timeframe specifice extends beyond the return date, I will be oly for admission.	ed
Iwillnotbe eligible my student loans		tudent Leave, and no enrollment will be reported to de	fer
Iacknowledge by my signat published in the ATSU Un		and understand the University's Student Leave Policy a	ιs
Studentsignature		Date	
Submit this form along with	any supporting document	ation to Enrollment Services enrollmentservices@atsu	.edu

School Dean Please list the requirements, including any required documentation, for the student to be approved for retur n addition, please provide the date below for students to notify Enrollment Services of their return.	n.
Date by which student must notify Enrollment Services of return:	
APPROVED DENIED	
Dean's Signature	
n regard to Student Health Insurance, the Vice Chancellor or Associate Vice Chancellor for Student Affairs l confirmed the following:	ıas
Student has waiver Continue with HSAC this semester Terminate HSAC cover	age
Vice Chancellor or Associate Vice Chancellor for Student Affairs Signature	