

FISHER COLLEGE
LEAVE OF ABSENCE REQUEST FORM

Please write a letter explaining your reasons for requesting a leave or be prepared to disclose the reasons to the Dean who administers the process. Read and sign the Fisher College Leave of Absence Policy Terms and Conditions. Your request will be invalid without a completed form, a letter or disclosure if your reasons for taking a leave, and your agreement to the terms signed and dated. Students may apply for a leave of absence at any time during a term or semester and no later than 4:00PM on the last day of the term or semester.

Date Request Submitted: _____

Student Name: _____ Student ID: _____

Current Address:

Permanent Address:

Cell phone: _____ Email address: _____

Semester(s) for which Leave is requested: _____

Semester of expected return: _____

Reason for request (please check one): Financial Personal Medical

Please note: A request for a leave for medical reasons must be accompanied by a note from a health care provider and may require additional approval from counseling services and/or nursing services.

Do you live in a residence hall? yes no (If yes, you must meet with the Director of Housing.)

Do you receive financial aid? yes no (If yes, you must meet with the Director of Financial Aid.)

Are you a United States citizen? yes no (If no, you must meet with the International Student Advisor.)

Signature: _____ Date: _____

FOR OFFICE USE ONLY- DO NOT WRITE IN THIS AREA

Student's Major _____ Student's GPA _____
Academic Standing: Good Academic Probation Disciplinary Action (please explain)
Dean's approval signature: _____
Date: _____