



Leave of Absence Form

Instructions: Please complete this form in its entirety and return it to the Registrar's Office. Incomplete and/or illegible forms will delay the processing of your request. **SUBMIT SIGNED REQUEST TO:**

Email: RegistrarOffice@pacificoaks.edu • **FAX:** (626) 466-3011 • **Mailing address:** 55 Eureka Street, Pasadena, CA 91103

SECTION I: TO BE COMPLETED BY STUDENT

Name: _____ **ID Number:** _____

Email Address (other than school account): _____ International student?

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Preferred phone: _____ **Type:** _____ **Other phone:** _____ **Type:** _____

Degree Level: _____ **Program:** _____ **Location:** _____

Current Enrollment: I plan to **complete** the courses I am enrolled in before LOA OR
(choose one) I plan to **drop** the courses I am currently enrolled in.

<p>LEAVE START SEMESTER</p> <p>Term: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer</p> <p>Online: <input type="checkbox"/> Session I <input type="checkbox"/> Session II</p> <p>Year: 20</p>	<p>LEAVE RETURN SEMESTER</p> <p>Term: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer</p> <p>Online: <input type="checkbox"/> Session I <input type="checkbox"/> Session II</p> <p>Year: 20</p>		
<p>Reason for Leave (check all that apply):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Academic <input type="checkbox"/> Financial <input type="checkbox"/> Personal </div> <div style="width: 45%;"> <input type="checkbox"/> Medical <input type="checkbox"/> Employment <input type="checkbox"/> Other (detail reason in comments section below): </div> </div> <p>Comments: _____</p> <p>_____</p>			
<p>Granted an LOA before? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, list semester and year:</p>			
<p>Please read and sign below: <i>"I understand that completion of this form is required to receive approval for an LOA. If my request is approved I agree to return on the date indicated. If I cannot, I understand that I am required to contact the Registrar prior to my return date to discuss the options open to me; and that failure to return without explanation as agreed could result in administrative withdrawal. If granted an LOA, I understand that I am expected to check my Pacific Oaks School email account for registration information, etc."</i></p>			
Student's Signature	Date	Department Chair Signature	Date

SECTION II: TO BE COMPLETED BY THE OFFICE OF THE REGISTRAR

AUTHORIZATIONS					
I. <u>OFFICE OF THE REGISTRAR</u>					
Signature				Date	
II. <u>FINANCIAL AID</u>					
Signature				Date	
III. <u>STUDENT ACCOUNTS</u>					
Balance due? <input type="checkbox"/> No <input type="checkbox"/> Yes Amount \$ _____					
Signature				Date	
FOR USE BY THE OFFICE OF THE REGISTRAR				Date Received:	
Date of Determination:		Rev. Grad date:		Courses Removed: _____ week	
LDA:		Rtn Sem. date:		YES: <input type="checkbox"/> Unregistered	Drop Grade:
NSLDS WDRWL:		Refund % (FA to complete):		NO: <input type="checkbox"/> not registered OR <input type="checkbox"/> dropped after 10 th day	<input type="checkbox"/> W <input type="checkbox"/> F
Sys Entry Date:		Processed by:		Notifications: <input type="checkbox"/> Student Advisor	