

ACADEMIC LEAVE FORM

This form must be completed and filed with the Registrar's Office before taking an academic leave.

4.27 **Academic Leave of Absence** - Full-time matriculated students who must interrupt their program at the College for reasons deemed acceptable to the vice president for academic affairs, may be granted an academic leave for a specified period of time. Full-time students must have a minimum GPA of 2.00 and must have completed one or more semesters to be considered for an academic leave of absence. Students may return to the campus following the leave by contacting the Registrar's Office to select classes.

Student Name: _____ Student ID #: _____

Major: _____ Current GPA: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

I am requesting an academic leave of absence for the following semester(s):

Fall Semester _____ Spring Semester _____
Year Year

Student Signature
(May not be signed digitally)

The Vice President for Academic Affairs must sign this form to approve a student's academic leave request if the student does not meet the criteria outlined in the academic policy above.

Date	Approved	Denied

Vice President for Academic Affairs Signature