

# College of Saint Mary

## Application for Leave of Absence (LOA)

### Directions for Applicant:

1. Read the guidelines to determine if you are eligible for a Leave of Absence.
2. Complete all sections on this application form.
3. Make certain you have acquired all of the necessary signatures.
4. You must meet with a Financial Aid Officer to determine the effect(s) that a LOA will have on your financial aid **BEFORE** completing the LOA application process.

### PLEASE PRINT OR TYPE

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Social Security Number: \_\_\_\_\_ Major: \_\_\_\_\_

Class: First Year \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_ G.P.A. \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

Permanent Address: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

Address While on Leave: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

Leave of Absence to Begin: \_\_\_\_\_  
(Term) (Year)

Reason(s) for requesting a Leave of Absence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I intend to return to College of Saint Mary and register for: \_\_\_\_\_  
(Term) (Month) (Year)

I understand that my Leave of Absence expires on: \_\_\_\_\_  
(Term) (Month) (Year)

I also understand that the maximum duration for a Leave of Absence is **one** calendar year.

Mail my early registration materials for my returning term to: (Check One)

\_\_\_\_ Present Address      \_\_\_\_ Permanent Address      \_\_\_\_ Address While on Leave

I have read the guidelines and requirements governing the Leave of Absence, and accept the conditions stipulated in the policy. I also certify that the information above is true and complete to the best of my knowledge.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)



Please obtain the signatures in the following order:

\_\_\_\_\_  
(Advisor)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Program Director)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Financial Services)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Financial Aid)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Registrar)

\_\_\_\_\_  
(Date)

Approved:

\_\_\_\_\_  
(Vice President for Academic Affairs)

\_\_\_\_\_  
(Date)