



Request for Leave of Absence

Vancouver Campus

A **LEAVE OF ABSENCE**, which permits a student to return without penalty, is granted only to matriculated students with accumulative grade point of 2.00 or higher. A leave may cover only one semester with privilege of renewal for one more regular semester.

INSTRUCTIONS: Please provide the information requested below, obtain the appropriate signatures required, and return the form to the Enrollment Services front desk (Office 203) or by e-mail at esvancouver@fdu.edu. Students applying for a leave of absence cannot be register in any courses or have any outstanding balances with the university.

Last Name: _____ First Name: _____ Student ID: _____

Program Major: _____ Concentration: _____

E-mail: _____ Home Phone: _____ Cell Phone: _____

ADDRESS

Street: _____ Province/State: _____

Apartment #: _____ Country: _____

City: _____ Postal Code: _____

Academic Advisor: _____

Are you receiving Financial Aid from a Canadian Provincial financial aid program, or a financial aid program in the United States? YES NO

For the reason stated below, I intend to: Take a leave of Absence Effective Date: MM/DD/YYYY Expected date of Return: MM/DD/YYYY
*You must state a reason or this form will not be approved

Reason(s):

- Medical: Appropriate physician's statement must be submitted to the Director of Enrollment Service
- Transfer - Name of New Institution: _____
- Financial: _____
- Academic: _____
- Employment: _____
- Other: _____

I understand that I am responsible for my outstanding financial obligations for the University. I understand that if I am receiving financial aid through a government program, my financial aid may be affected by a leave of absence and that it is my responsibility to contact the appropriate agencies to notify them of my status.

Student's Signature: _____ Date: MM/DD/YYYY

APPROVALS:

_____	_____
Academic Advisor	Date
_____	_____
Director of Student Services	Date
_____	_____
Director of Enrollment Services	Date

Comments: _____

TO BE COMPLETED BY ENROLLMENT SERVICES OFFICE

CGPA: _____	Cum. Credits: _____	<input type="checkbox"/> ID Card Deactivated	Date: _____	Initials: _____
Account Balance: _____		<input type="checkbox"/> Colleague Update	Date: _____	Initials: _____
Date: _____	Initials: _____	<input type="checkbox"/> Student Services Notified	Date: _____	Initials: _____

*Copies: Academic Advisor and Student Services.