

REQUEST FOR LEAVE OF ABSENCE (LOA)

Student Name: _____ Student ID Number: _____

Address: _____

Program: _____

Term Admitted: _____ 20____
Fall, Spring, or Summer

Terms of LOA Requested: _____ 20____
Fall, Spring, and/or Summer

Term Returning: _____ 20____
Fall, Spring, or Summer

90-Day Notification Date: _____

Please complete items 1-3 below, obtain signatures from your Advisor and the Assistant Dean and return this form to the program office.

1. Have you been on a LOA any other term/s ___ Yes ___ No If yes, please indicate Term/Year _____
2. State the reason for requesting a LOA. _____
3. Are you registered for any class/es during the semester/s you are requesting an LOA? ___ Yes ___ No

I understand if I am registered for classes, it is my responsibility to officially drop these classes by completing a drop/add form and returning it to the UCD Office of Admissions and Records, Education II North building, third floor, Student Services area. I understand if I request a LOA after the designated drop/add period, I am responsible for full payment of tuition.

I understand if I am receiving Student Financial Aid that I must contact the Office of Student Financial Aid, Education II North building, third floor, Student Services area.

NOTE: If a student petitions for a LOA after the designated drop/add period he/she will be subject to full payment of tuition.

Student Signature Date

ACTION PLAN:

Student Signature Date

Advisor Signature Date

Program Director /Assistant Dean Signature Date

APPROVED: _____
Date

NOT APPROVED: _____
Date

Notice to Faculty Advisor and Program Director/Assistant Dean: If Leave of Absence is not approved, please attach explanations.