



STUDENT LEAVE OF ABSENCE FORM

LEAVES OF ABSENCE FOR ONE OR TWO SEMESTERS ARE GRANTED TO STUDENTS IN GOOD ACADEMIC AND DISCIPLINARY STANDING, WHO DETERMINE THAT CIRCUMSTANCES NECESSITATE A TEMPORARY INTERRUPTION OF THEIR COLLEGE CAREERS. AUTHORIZATION FOR SUCH AN ABSENCE IS GRANTED BY THE **ASSOCIATE DEAN FOR ACADEMIC AFFAIRS**, UPON REQUEST OF THE STUDENT'S WRITTEN NOTIFICATION OF INTENT. CARRYING WITH IT THE INTENTION OF RETURNING TO SAINT JOSEPH'S COLLEGE, A LEAVE OF ABSENCE GUARANTEES READMISSION TO THE COLLEGE. STUDENTS ON LEAVE OF ABSENCE MAY, WITH APPROVAL OF THE OFFICE OF ACADEMIC AFFAIRS, TAKE COURSES FOR TRANSFER CREDIT AT OTHER ACCREDITED INSTITUTIONS OF HIGHER LEARNING.

THE FOLLOWING STUDENT HAS APPLIED FOR A LEAVE OF ABSENCE.

NAME: _____

PERMANENT ADDRESS: _____

SS#: _____ Academic Major: _____

Class Level: 1 2 3 4 Residence Hall Address: _____

Last date of attendance: _____ Commuter: Yes No

Expected Date of Return: _____

REASON FOR LEAVE OF ABSENCE

- Personal Reason(s) _____
- Other, please explain _____

STUDENT'S SIGNATURE

DATE

ADVISER OR DEPARTMENT CHAIR: _____ DATE: _____
signature

ACADEMIC DEAN'S OFFICE: _____ DATE: _____
signature

REGISTRAR'S OFFICE USE ONLY: SIS UPDATED _____ / E-MAIL ALERT _____ / FILE MOVED _____