

# Leave of Absence Application (LOA)

Student Name (Last, First)	Student ID Number (0123456)	Phone (123) 456-7890
Address (Street, City, State, Zip Code)		Email (Vanguard email only)
Reason I am applying for a LOA		
<p>I am applying for a LOA starting on:</p> <p>I understand that this requested LOA ends on:</p>		

I am aware that if I take a leave of absence that it may negatively impact me financially and those financial obligations must be settled before academic transcripts can be released. I further understand that my leave of absence request will only become effective upon written confirmation from the Office of the Registrar. I must email back this completed form within 72 hours or forfeit my request.

Student Signature	Date

Date Returned	Date Effective	Date Recorded	Term of Leave	Received by	End of Leave
Notes					

