

# HIS University

## LEAVE OF ABSENCE REQUEST or WITHDRAWAL FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

SS# \_\_\_\_\_

\_\_\_\_\_ I am applying for a Leave of Absence from (date) \_\_\_\_\_

returning within one year by (date) \_\_\_\_\_. If I do not return by this date, I must apply for an extension or be administratively withdrawn.

\_\_\_\_\_ I am withdrawing from HIS University. I understand that all financial obligations become due and payable at this time.

Reason(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I understand that practicum hours cannot be counted during a leave of absence or after withdrawal from the program.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Leave of Absence:            Approved \_\_\_\_\_            Not Approved \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Academic Dean