

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 If I do not return by this date, I must apply for an extension or be administratively withdrawn.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