Application for Leave of Absence

IF THIS IS YOUR FIRST SEMESTER AT DOMINICAN DO NOT FILL OUT THIS FORM. PLEASE ASK FOR ASSISTANCE IN THE REGISTRAR'S OFFICE. ENROLLED STUDENTS MAY APPLY FOR A LEAVE OF ABSENCE FROM THE UNIVERSITY FOR ONE ACADEMIC YEAR (TWO SEMESTERS & ONE SUMMER). NO EXTENSIONS PAST ONE ACADEMIC YEAR. IF LONGER, YOU MUST FILE THE APPLICAION FOR WITHDRAWAL FROM THE UNIVERSITY.

Please Print

Name_____ Student ID #_____
Last First Middle Initial

Address_____
Street/Apt #/PO Box City State Zip

Home Phone _____Work Phone_____

Email address _____ Date _____

Last date attended class (es) _____/_____/_____
Month Day Year

Advisors Name _____

I intend to take a leave of absence for:

- ☐ the remainder of this semester, beginning_____
- ☐ the next semester, beginning_____
- ☐ the next academic year, beginning_____
  Semester of intended return_____
  (NOTE: Students must fill out both the Re-admission and Registration Forms in order to re-enroll.)
- ☐ I would like to be contacted for advising for the intended semester of return.

I understand that a leave of absence may result in financial aid adjustments and tuition liability as well as Veteran and F-1 Visa penalties. Detailed information is available in the online university catalog and in the Registrar's Office.

Student Signature: _____Date_____

Financial Aid Signature _____ Date_____

Program Director's Signature (Graduate Students Only) _____

For Office Use Only: Date of first notification: _____ Date received in the Registrar's Office: _____

○ *Drop - refund OK* ○ *W - no refund* ○ *Partial refund* ○ *Computer*

Paper Distribution: White: Registrar Yellow: Financial Aid Pink: Student Gold: Advisor Revised 8/2012