VERMONT TECH

Office of the Registrar

APPLICATION FOR LEAVE OF ABSENCE

Date: _____

Student name: _____ ID: _____

Current program: _____

Date of last academic event: _____ Estimated return date: _____

Prior to completing this form, please discuss this decision with your academic advisor, counselor, parent(s), guardian and/or significant other. Have your advisor sign below if you do decide to pursue a leave of absence.

I hereby petition to take a leave of absence from my academic studies for the reasons stated below. I understand that I am required to return to Vermont Tech no later than the date specified by the Academic Dean, with appropriate approvals, if for a medical LOA, and complete all course work as directed. If I do not, I will lose my LOA and be reported as withdrawn based on the date of my last academic event, and I will receive earned grades.

Reason(s) for absence:

_____

_____

_____

_____

_____
(Signature/ Parent Signature, if student is under age 18)

Approval will be by letter from the Office Academic Dean stating conditions for a return to studies and dates for the return. To return in the next semester, contact the Registrar, after more than one semester, contact Admissions.

Obtain the following signatures and return this form to the Registrar's Office.

Advisor/Department Chair: _____
(Signature & Date)

Financial Aid/Exit Interview: _____
(Signature & Date)

Residence Life/Housing: _____
(Signature & Date)

Key (s)   ☐ returned   _____
(Signature & Date, if applicable)

Student ID: ☐ returned   _____
(Signature & Date, if applicable)

Registrar's Office: ☐ Grades entered   ☐ Term status updated

Distribution: White - Registrar/File   Canary - Business Office   Pink - Student   Revised: 06/28/13