



Institutional Leave of Absence Form

*This is for students who want to take a short leave from the school.

Student ID : _____ **Name :** _____
Last First

Please check your program: Women's College College of Adult Undergraduate Studies Graduate Studies Pharmacy

Advisor : _____

Home or Forwarding Address :

Street / P.O. Box	Street / P.O. Box
City	State, ZIP

Preferred Phone Number _____ **This is :** Home Cell Work

I request permission For: **Study Abroad (non-NDMU sponsored)**
 Leave of Absence (LOA may only be requested for up to 180 days)

Indicate effective dates Year /Semester for Study abroad or LOA _____

Reason for LOA :

- Academic Administrative Advisor issues Financial aid issues Personal financial
 Medical Personal Other _____

**GRADE REPORTS AND TRANSCRIPTS WILL BE ISSUED ONLY IF YOUR ACCOUNT WITH THE UNIVERSITY IS CLEAR.
 ALL SIGNATURES MUST BE OBTAINED BELOW BEFORE PROCESSING OCCURS.**

By my signatures I acknowledge my responsibility for Payment of the tuition and fees generated. I have read and understand the University policies with respect to Leave of Absence and cost as posted on the University Billing, Registration, Course and Exam Schedule webpage.

Student Signature	Date
Financial Aid Signature	Date
Business Office Signature	Date
Academic Advisor/ Director of CAUS/ Graduate Studies/ Dean Signatures	Date

For Office Use ONLY

Date Received : **Date Completed :** **Initials :**

PLEASE RETURN/SUBMIT ALL COPIES OF THIS SIGNED FORM TO THE REGISTRAR'S OFFICE FOR PROCESSING.