PACIFIC OAKS℠ COLLEGE

Office of the Registrar

Leave of Absence Form

Instructions: Please complete this form in its entirety and return it to the Registrar's Office. Incomplete and/or illegible forms will delay the processing of your request. **SUBMIT SIGNED REQUEST TO:**
Email: RegistrarOffice@pacificoaks.edu • **Mailing address**: 45 Eureka Street, Pasadena, CA 91103

SECTION I: TO BE COMPLETED BY STUDENT

Name: _____   **ID Number:** _____

Email Address (other than school account): _____   International student? ☐

Address: _____

City: _____   **State:** _____   **Zip Code:** _____

Preferred phone: _____   Type: _____   **Other phone:** _____   Type: _____

Degree Level: _____   **Program:** _____   **Location**: _____

Current Enrollment: ☐ I plan to **complete** the courses I am enrolled in before LOA **OR**
(choose one)   ☐ I plan to **drop** the courses I am currently enrolled in.

LEAVE START SEMESTER	LEAVE RETURN SEMESTER
Term: ☐ Fall ☐ Spring ☐ Summer	Term: ☐ Fall ☐ Spring ☐ Summer
Online: ☐ Session I ☐ Session II	Online: ☐ Session I ☐ Session II
Year: 20	Year: 20

Reason for Leave (check all that apply):
☐ Academic
☐ Financial
☐ Personal
☐ Medical
☐ Employment
☐ Other (detail reason in comments section below):

Comments: _____
_____
_____

Granted an LOA before?   ☐ No ☐ Yes   If YES, list semester and year: _____

Please read and sign below:
"I understand that completion of this form is required to receive approval for an LOA. If my request is approved I agree to return on the date indicated. If I cannot, I understand that I am required to contact the Registrar prior to my return date to discuss the options open to me; and that failure to return without explanation as agreed could result in administrative withdrawal. If granted an LOA, I understand that I am expected to check my Pacific Oaks School email account for registration information, etc."

Student's Signature _____ Date _____ School Dean Signature _____ Date _____

SECTION II: TO BE COMPLETED BY THE OFFICE OF THE REGISTRAR

AUTHORIZATIONS

I. <u>OFFICE OF THE REGISTRAR</u>

Signature _____ Date _____

II. <u>FINANCIAL AID</u>

Signature _____ Date _____

III. <u>STUDENT ACCOUNTS</u>

Balance due? ☐ No ☐ Yes   Amount _____ $ _____

Signature _____ Date _____

FOR USE BY THE OFFICE OF THE REGISTRAR			Date Received:		
Date of Determination:		Rev. Grad date:	Courses Removed:		week
LDA:		Rtn Sem. date:	YES:	☐ Unregistered	Drop Grade:
NSLDS WDRWL:		Refund % (FA to complete):	NO:	☐ not registered OR ☐ dropped after 10th day	☐ W ☐ F
Sys Entry Date:		Processed by:	Notifications:	☐ Academic Advisor	