



LEAVE OF ABSENCE REQUEST

Name: _____

Student ID #: _____ Degree Sought: _____
(e.g. BS, BA, MA)

I request a leave of absence from Emporia State between the dates of
_____ and _____

Due to one of the following circumstances, I must be out of class for a period of time:

- _____ Military Activation
- _____ Other (please explain) _____

Please provide documentation.

I understand the following:

- a) I cannot have financial aid disbursed during the leave of absence.
- b) If I do not return to Emporia State University after the approved leave of absence, my lender will be notified of my actual last date of attendance. I will enter into repayment of my federal education loans as of that date.
- c) A leave of absence cannot total more than 90 days in a 12 month period.

Signature

Date