

# LOA-L



# South Baylo University

- Anaheim Main Campus:** 1126 N. Brookhurst St., Anaheim, CA 92801-1701  
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- Los Angeles Campus:** 2727 W. 6th St., Los Angeles, CA 90057-3139  
Tel: 213-738-0712 Fax: 213-480-1332

## LEAVE OF ABSENCE REQUEST FORM

**Student Name:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_  
*Last First Middle*

**Program:**  MSAOM  DAOM **Financial Aid:**  yes  no

All leaves of absence which must not exceed 180 days in any 12-month period and must be approved by the Academic Dean to avoid withdrawal status. **Time during an approved leave of absence will not be included in the calculation of the maximum program length.** A student who wishes to take a leave of absence must make the request **prior to or on the first day of instruction** by completing the Leave of Absence form.

The leave of absence is effective only when the Academic Dean has granted permission for this leave. A student who has taken a leave of absence without the Academic Dean's permission will not be considered a continuing student and may be considered as withdrawn.

Students receiving Financial Aid Title IV loans who fail to return to the University from an approved leave of absence will be considered as withdrawn and will be reported to the lending institution by the University. Consequently, loan deferment and repayment schedule may be affected.

Non-compliance with Federal regulations regarding leave of absence can jeopardize a student's eligibility for future financial aid and loan payment deferment.

### Leave of Absence Reason (Please write in detail):

**Start Date of LOA:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Return Date of LOA:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### Contact Information during the Leave of Absence

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

I have read and understood all the rules and regulations stated above. I certify the above information is accurate to the best of my knowledge.

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Date*

### OFFICE USE ONLY

Reviewed by: \_\_\_\_\_  
*Financial Aid Officer's Signature*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Date*

Approved by: \_\_\_\_\_  
*Academic Dean's Signature*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Date*