

**LINDSEY WILSON COLLEGE
STUDENT REQUEST FOR LEAVE OF ABSENCE**

Student Name: _____

Address: _____
Street City State Zip

Student ID Number: _____

Semester of First Attendance: _____

Assigned Advisor: _____

Major: _____

Credits Completed as of Effective Date: _____

Semester for which Leave is requested: _____

(Student cannot request leave for the term in which he or she is enrolled, only for the next semester. A Leave of Absence is for one semester, renewable one additional term if requested in writing to the Academic Affairs Office.)

Anticipated activity during Leave of Absence (e.g. attending another institution, full time employment, family responsibilities, etc.):

Additional Remarks:

_____ Applicant Signature	_____ Advisor Signature	_____ Associate Dean of the Faculty
_____ Date	_____ Date	_____ Date

cc: Academic Affairs Advisor Dean of Students Registrar Student Financial Aid