

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

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Student ID Number: \_\_\_\_\_

Assigned Advisor: \_\_\_\_\_

Major: \_\_\_\_\_

Credits Completed as of Effective Date: \_\_\_\_\_

Semester for which Leave is requested: \_\_\_\_\_

Check box if you are enrolled in course(s) for the semester which you are requesting leave.  
*\*\* By checking the box, you will be granting the Registrar's Office permission to withdraw you from coursework during your leave of absence.*

\* Students cannot request leave for the current semester, but only for the next semester.  
\* A Leave of Absence is for one semester, renewable one additional semester if requested in writing to the Office of Academic Affairs prior to the start of the second semester for which leave is requested)

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Remarks:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
VPAA/AVPAA Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date