

REQUEST FOR LEAVE OF ABSENCE

Name: _____ Banner ID: _____

Degree: BA/BS BLS BPS MED MS MBA

Address while on leave: _____

Street

City

State

Zip

Telephone

Email

This request for Leave of Absence is for the following semester(s): **Select no more than two.**

Fall _____
Year

Spring _____
Year

Fall _____
Year

Planned return to UMW:

Fall _____
Year

Spring _____
Year

NOTE: The Leave of Absence from study is valid for two consecutive terms only (excluding the summer session). To extend a one-semester leave to two semesters, students must notify the Office of the Registrar. BLS students must notify the BLS Office. This notification must be submitted in writing before the first day of classes of the second semester of absence. Otherwise, the leave will not be extended.

A Leave of Absence is requested for (check one):

Personal reasons

Study at another institution

I plan to study at _____ and I am aware that I must request prior approval to complete coursework for transfer credit purposes.

Policies for program transfer approval are found on – www.umw.edu/cas/transfercredit/default.php

I understand, and accept, the conditions of UMW Leave of Absence policies and regulations. I understand that if I have registered for any semester during the leave period requested, that registration will be cancelled.

Student Signature

Date