

### 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](http://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