

REQUEST FOR LEAVE OF ABSENCE

Name: _____ ID Number: _____

Degree: BA/BS BLS BSN MED MBA MS

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 _____ Spring _____ Fall _____
Year Year Year

Planned return to UMW: Fall _____ Spring _____
Year 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 the [UMW registrar's website](#).

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