

HUNTINGDON COLLEGE

SCHOOL OF BUSINESS AND PROFESSIONAL STUDIES

PETITION FOR LEAVE OF ABSENCE

Students in good standing who plan to leave school for a semester, but not more than two consecutive semesters, must notify the appropriate Advisor stating the reason(s) and their intended date of return (via this form). Leave of absence requires a review of all financial obligations. An approved leave of absence does not necessarily provide the student the same status as current students. An approved leave of absence allows only that the student does not have to go through the readmission process.

Students will have to be readmitted through the regular readmission process if:

- they have been approved for a leave of absence, but do not return after two or more consecutive semesters; or,
- a student does not have a completed copy of this form as part of his/her student record in the Office of the Registrar.

Full Name _____ SSN _____
 First Middle Last

Permanent address _____
 Street # City ST Zip

Home phone (_____) _____ Work phone (_____) _____ HC e-mail account _____

Leave of absence would begin in: Fall Spring Summer 20 Return in: Fall Spring Summer 20

Reason for leave of absence (check all that apply):

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Study Abroad | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Military Service | <input type="checkbox"/> Financial |

Other or further elaboration:

Before submitting this petition, you should follow the procedures outlined below and check items as completed.

- Consult with your adviser to determine what effect this leave will have upon your term of completion.;
- Determine what effect a leave will have on financial aid;

I certify that the above information is correct and all appropriate steps have been completed.

Date _____ Student Signature _____

Confirmation of clearance from:

- | | |
|--|---------------------------|
| <input type="checkbox"/> Student Account Manager | Rec'd on _____ & attached |
| <input type="checkbox"/> Director of Financial Aid | Rec'd on _____ & attached |

Your signature is requested below as verification that the student has consulted with you concerning his/her leave of absence from Huntingdon College, as well as your decision regarding this petitioned leave. Please feel free to attach any additional comments to this form.

Advisor:

- I **approve** this student's request for a leave of absence from Huntingdon College. Assuming the student returns by the date indicated on the reverse of this form, said student will not have to go through the established readmission process.
- I **deny** this student's request for a leave of absence from Huntingdon College.

Advisor: _____ **Date:** _____

Date received in the Registrar's Office _____ Received by _____