

Leave of Absence Form

Student Name:					Student ID Number:			er:			
Current Semester:			Telephone Number:								
Email Address:			Are you receiving Financial Aid at NAU?			Yes	No				
Mailing Address:			Are you an F-1 or J-1 student?			Yes	No				
Leave of Absence Dates											
What is the date you requ											
What semester do you plan to return to NAU? (LOA cannot exc				exceed 180 days)	d 180 days) Spring S			Sum	nmer Fall		
Reason Requesting Leave of Absence (please check those that apply)											
Health Reas	Health Reasons			Military Service			Other (Explain below)				
Personal Reasons				Financial Issues							
Jury Duty Student Initials:				Religious Service)						
If a student fails to return to the University by the date indicated above, their scholarship and federal student aid eligibility may be affected. See your Financial Aid Advisor prior to submitting this form. Requesting the Leave of Absence does not guarantee that it will be granted. Students will be notified via email if their leave has been approved or denied. Submit this completed form, with <u>all</u> the required signatures and supporting documents to your department chair for review. International students cannot take a LOA and remain in the U.S. unless they are on a medical reduced course load that has been previously approved by the ISO. Student Signature Date											
Financial Aid Signature	zens only)	Dat	Date:								
Comments:											
International Student Office: (For <u>International Students</u> only)					Date:						
Comments											
Comments:											
NAU Official Use Only											
Department Chair Signature:				Department C	Department Chair Approve or Deny						
				Approved	Approved Deny Deny						
Date Approved:		Date Der	nied:		Reason for Denial:						

Ph: 832-230-5555