

## LEAVE OF ABSENCE REQUEST FORM **FINANCIAL AID**

The purpose of this form is to certify that you are aware of the financial aid implications involved when requesting a leave of absence. This form is for financial aid purposes only and does not represent an

approved leave of absence for academi	ic purposes. Please TYPE your responses on this form and sign in livk.
Beginning Date of Leave of Absence: Expected Date of Return: Reason for Leave of Absence Request:	
Exit Counseling Requirement (Student Loan Borrowers Only)	
	ring a Leave of absence must sign in to <a href="https://www.studentaid.gov">www.studentaid.gov</a> and Exit Counseling prior to submitting this form
Date Exit Counseling Completed:	
I understand that the following applies the dates listed above (☑ check each b	s if I am on a Leave of Absence from North American University for lox):
	tional leaves of absence must not exceed a total of 180 days in any
<ul><li>12-month period pursuant to fede.</li><li>□ While I am on an approved leave of Leave of Absence.</li></ul>	ral regulations. of absence, my enrollment status will be reported to my lenders as
☐ While I am on an approved leave o	f absence, I am not eligible for any additional federal student aid or
withdrawn from NAU and my fede the leave of absence. This could res	absence by the expected date of return, I will be considered to have eral student loans will go into repayment based on the start date of sult in the depletion of some or all of my student loan grace period.
	touch with my loan servicer to ensure I do not become delinquent formation about my loan servicer and federal student aid history
☐ A student who is approved for a lear required to return a portion of the a 60% of the semester. At that point student earned and the amount of	ave of absence after receiving financial aid for the semester may be aid previously received, if the student withdraws before completing t, the school is required to calculate the amount of financial aid the of financial aid that must be returned. If I am subject to a return result in a remaining balance with the University that must be paid.
□ Upon my return from the leave	of absence, any subsequent financial aid disbursements may be for satisfactory academic progress towards the completion of my
Student Name	Social Security Number
Student Signature (SIGN IN BLUE OR BLACK INK ONLY)	Date