

Undergraduate Leave of Absence

Student Name:		Student ID:	
Academic Adviser Name:		Expected Graduation Date:	
Effective Semester(s) of Leave: 20 []	Fall [] Spring	Expected to Return: 20	[] Fall [] Spring
This form should be used by students who are least specify with certainty the semester for which the consecutive semesters, they should submit a Witterported as withdrawn to the National Student currently enrolled in classes. A withdrawn status	y will return. If the hdrawal from the C Clearinghouse as o	return is uncertain, or if they will book ollege form. A student on a Leave f the first day of the semester of leading to the semester of leading the	oe away for more than two of Absence (LOA) will be
All Students- Payment of a Remaining Balance college within 90 days of the start of that sem collection agency and be subject to additiona 696-3607.	nester unless a payr	nent plan is in place, or the accoun	t will be forwarded to a
The deadline to request a leave of absence are submitting a LOA form during the drop, dropped in accordance	/add period, you		the tuition for any courses
STEP 1: Meet with the Student Success Center, to Suite 1027 (301) 696-3569 studentsuccess@hood SS Signature:	.edu		·
STEP 2: Meet with Financial Aid to discuss the im (301) 696-3411 FA Signature:			
STEP 3: Meet with the Dean of students. Whitake Dean Signature:	=		
F1 Visa Holder only: International students atten School Official (PDSO) <i>Joseph Henry Apple 1st floo</i> PDSO Signature:	r: (301) 696-3811 p	dso@hood.edu	, -
Do you have outstanding <i>incomplete</i> grades that If so, for which courses:			
Purpose of Leave: []Health []Personal [] Other (please explain):			
Student Signature:		Date:	