Undergraduate Leave of Absence

Student Name:_____   **Student ID:**_____

This form should be used by students who are leaving Hood for one or two consecutive semesters (excluding summer) and can specify with certainty the semester in which they will return. If the return is uncertain, or if they will be away for more than two consecutive semesters, they should submit a Withdrawal from the College form. ***A student on a Leave of Absence will be reported as withdrawn to the National Student Clearinghouse as of the date the leave began to signify they are not currently enrolled in classes. A withdrawn status may affect your student loan(s).***

STEP 1: Meet with CAAR/Academic Services to discuss your situation and determine if this is the best course of action
CAAR Signature:_____   Date:_____
Rosenstock 3rd floor; (301) 696-3569

STEP 2: Meet with Accounting to discuss your billing statement
Accounting Signature:_____   Date:_____
Alumnae Hall 2nd floor; (301) 696-3607

STEP 3: Meet with Financial Aid to discuss the impact a Leave of Absence may have on your student loans
Financial Aid Signature:_____   Date:_____
Joseph Henry Apple 3rd floor; (301) 696-3411

STEP 4: Meet with Dean of Students
Dean Signature:_____   Date:_____
Alumnae Hall 2nd floor; (301) 696-3573

STEP 5: *If you are an international student attending on an F-1 visa, you must also obtain the signature of the College Primary Designated School Official (PDSO)* **PDSO Signature:** _____   Date: _____

STEP 6: Return this completed form with signature to the Registrar's Office; registrar@hood.edu or Joseph Henry Apple 2nd floor

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Expected Graduation Date:_____   **Major:** _____   **Academic Advisor Name:**_____

Do you have outstanding *Incomplete* grades that are due within this leave period?_____

Semester(s) on Leave   **Expected to Return**
Fall   20_____   Fall   20_____
Spring   20_____   Spring   20_____
                                                                         Summer 20_____

Effective Date of Leave:_____

Purpose of Leave: Health_____   Personal Employment _____   Military Service_____
                               Financial_____   Academic Reasons_____

Other (please explain):_____

Student Signature:_____**Date:**_____

Residential Students Only: Departure from Room: Within 24 hours of either the "Effective Date of Withdrawal" you write on this form or submitting this form to the Office of the Registrar, you must move out of your room and return your room key and Hood College ID card to the Whitaker Campus Center front desk Campus Safety Switchboard staff (open 24/7). You should inform your Resident Assistant and roommate you are moving out. Your room should be cleaned and all of your belongings must be removed. Any questions please contact residencelife@hood.edu or call 301-696-3577.

For Office Use Only: Admit/Matric Term & Year_____   FTF_____   Transfer _____   LOA Code Entered: _____