



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 **A student on a Leave of Absence will be reported as withdrawn to the National Student Clearinghouse as of the date the leave began to signify they are not currently enrolled in classes. A withdrawn status may affect your student loan(s).**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 the Student Success Center (formerly CAAR/Academic Services) to discuss your situation and determine if this is the best course of action.

Student Success Signature: _____ **Date:** _____
Rosenstock Hall 3rd Floor; 301-696-3314; studentsuccess@hood.edu

STEP 2: Meet with Accounting to discuss your billing statement.

Accounting Signature: _____ **Date:** _____
Alumnae Hall 2nd Floor; 301-696-3607; accounting@hood.edu

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; finaid@hood.edu

STEP 4: Meet with Dean of Students

Dean Signature: _____ **Date:** _____
Alumnae Hall 2nd Floor; 301-696-3573

F1 VISA HOLDERS ONLY: International students attending on an F-1 visa must also obtain signature of the College Primary Designated School Official (PDSO)

PDSO Signature: _____ **Date:** _____
Joseph Henry Apple 1st Floor; 301-696-3811; pdso@hood.edu

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

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

Semester(s) on Leave

Fall 20_____

Spring 20_____

Expected to Return

Fall 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: _____