

## Undergraduate Leave of Absence

Student Name:		Stude	nt ID:		
his form should be used by students who are leaving 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Absence will be reported as withdrawn to the National Student Clearinghouse as of the date the leave began to					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 en			-		
STEP 1: Meet with the Student S	Success Center,	to discuss your s	situation and determine	ne if this is the best	course of
action. Library (301) 696-3314 s	tudentsuccess@	Dhood.edu			
SS Signature:			Date:		
STEP 2: Meet with accounting to	o discuss vour k	oilling statement.	Alumnae Hall 2 <sup>nd</sup> floc	or (301) 696-3607	
ACCT Signature:					-
STEP 3: Meet with Financial Aid	to discuss the i	mpact a Withdra	aw may have on your s	student loans. <i>Josep</i>	oh Henry Apple
3 <sup>rd</sup> floor (301) 696-3411					
FA Signature:			_ Date:		-
STEP 4: Meet with the Dean of s	students. White	nker - Student Life	e Suite 2 <sup>nd</sup> floor (301)	696-3577 #4	
Dean Signature:			Date:		
F1 Visa Holder only: Internation Designated School Official (PDSC PDSO Signature:	O) Joseph Henry	Apple 1 <sup>st</sup> floor:	(301) 696-3811 pdso@	@hood.edu	
Expected Graduation Date:	raduation Date:Major:		Academic Adviser Name :		
Do you have outstanding incom	<i>plete</i> grades t	hat are due with	in this leave period?		
Semester(s) on Leave			<b>Expected to Return</b>		
Fall 20			Fall 20		
Spring 20			Spring 20		
Effective Date of Leave:		_	Summer 20		
Purpose of Leave: Health	Personal	Employment	Military Service	Academic	_
Other (please explain):					
Student Signature:			_Date:		-
Residential Students Only: Departu					
or submitting this form to the Offic	•		•	• •	•
ID card to the Whitaker Campus Ce				-	
roommate you are moving out. You			of your belongings must	be removed. Any que	estions please
contact <u>residencelife@hood.edu</u> or For Office Use Only: Admit/Matric			FTF Transfer	LOA Code	
Registrar's Office: Joseph Hen	ny Apple 2 <sup>nd</sup> flor	n Hours Monda			 Revised 5/22
Reporter 5 Officer 303epir Hell			, 11007, 0.50 5.00 p	(201) 030-3010.	