

Students who require a period of time away from their graduate studies or time to conduct research activities away from CGU may request a leave of absence. To be eligible, you must have completed at least one semester of coursework at CGU. If the semester has begun you will be dropped from all coursework, and **Add/Drop refund policies apply** when dropping courses in which you are currently enrolled. See the [Academic Calendar](#) for refund deadlines.

Instructions: Complete this form in its entirety and submit it to the Registrar's Office. You **MUST** attach a written explanation of your reason for requesting a leave of absence, including appropriate documentation to support your request.

Academic research Leave: Your written statement must include details of projected activities, locations you expect to visit, and an explanation demonstrating how these plans are relevant to your academic goals and degree program at CGU. Research leaves may be granted for up to a period of one year.

Medical leave: Students requesting a medical leave of absence must submit documentation on letterhead from a medical provider (M.D., D.O., etc.) stating that you are unable to complete coursework during the semester that the leave is being requested due to medical care/treatment. If you are requesting a medical leave in a term that has already begun, the medical provider's documentation should also state when the care started and whether the condition for which you are receiving treatment was present at the beginning of the term or worsened to the point that you are unable to continue with coursework.

Student Information CGU ID# 254 - _____

Last Name _____ First Name _____ Middle _____

Academic Department _____ Degree Program _____

Mailing Address _____ Phone Number _____

Semester of Leave Requested _____
(Leaves are granted for one semester, with a limit of two consecutive semesters. Each semester must be requested separately.)

Reason for leave request:

- Academic research (Advisor's signature required _____)
- Family hardship
- Financial hardship
- Medical leave (Medical provider's documentation required. See notes above.)
- Military service (Documentation of service orders required)
- Teacher Ed internship (Teacher Ed advisor's signature required _____)

I have attached the REQUIRED personal statement of explanation and provided applicable supporting documentation. I acknowledge full responsibility for and accept any and all academic and financial consequence that may result from this request to comply with policies and regulations governing leave of absences, Add/Drop, and financial aid.

- Yes No I am a recipient of federal aid and have met with the Financial Aid Office about my plan to take a Leave.
- Yes No I request library and student services during my leave and agree to pay the applicable fees.

Student Signature _____ **Date** _____

International Students Only

- Yes - I have consulted with the International Students and Scholars Services.

ISSO approval _____ Date recorded in SEVIS _____

Submit Completed Form to Registrar's Office

FOR INTERNAL USE

#REG011 2/16

___ Approved ___ Denied SEM/YR _____ Term LOA: ___ First ___ Second

Reg. _____ Fin. Aid _____ Stu. Acct. _____