SAINT ANTHONY COLLEGE OF NURSING - ROCKFORD, ILLINOIS
REQUEST FOR LEAVE OF ABSENCE FORM--POLICY 336

STUDENT: You must acquire all required signatures and return completed form to the Enrollment Management Coordinator.

Student’s Name: ___________________________ Leave Dates: From: ___________ To: ___________
Address: ____________________________________________________________________________
City: __________________ State: ___________________ Zip Code: ______________

Please check the reason for requesting a leave of absence (LOA). Explain each reason as fully as possible.
   ___ Health __________________________________________
   ___ Academic difficulty ________________________________
   ___ Personal __________________________________________
   ___ Military __________________________________________
   ___ Other, please explain __________________________________

Students receiving financial aid, please check all that apply:
   ISAC-Monetary Award ___ Pell Grant ___ Student Loans ___ V.A. Benefits ___ Other ___ Please explain:

Has the Front Desk received the following items?  Mailbox key ___________________ Student ID ______________

Last Day of Class Attended (if currently attending class): ________________________________

Student Signature ___________________________ Date ___________
Bursar Signature ___________________________ Date ___________
Advisor Signature ___________________________ Date ___________
Financial Aid Officer Signature ___________________________ Date ___________
Associate Dean, Support Services, Signature ___________________________ Date ___________
Program Dean ___________________________ Date ___________

For Office Use Only

LOA Notification sent to UAP or GAP: Date: ______________
Date LOA Effective: ______________________ Date of Planned Return: ______________________

Enrollment Management Coordinator:  ___ Entered in Sonis Leave Status Screen  ___ Changed Email fields in Sonis Bio
   ___ Notified Add/Drop Group & Faculty/Advisor

Return Approved by Program Dean: Yes _______ No _______ Date: ___________ Initialed by Dean: ___________

Return Notification sent to UAP or GAP: Date __________

Enrollment Management Coordinator:  ___ Entered in Sonis Leave Status Screen  ___ Changed Email fields in Sonis Bio
   ___ Notified Add/Drop Group & Faculty/Advisor

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