



HOLY NAMES UNIVERSITY LEAVE OF ABSENCE FORM

PLEASE COMPLETE

Name: _____ SSN: _____
Last (Family) First

Permanent Address: _____
Street City State Zip

Phone – Day: _(_____) _____ Evening: _(_____) _____

Graduate Undergraduate Adult Undergraduate

Major _____ Advisor: _____

Did you live on campus? Yes No

Leave is for: Fall Semester Fall Term 1 Fall Term 2 Spring Semester Spring Term 3
 Spring Term 4 Year _____

Term/Year you intend to return: _____, 20_____

Reason for your leave: _____

Signature: _____ Date: _____

PLEASE OBTAIN SIGNATURES IN THE ORDER BELOW

1. Academic Advisor: _____ Date: _____

2. International Student Advisor: _____ Date: _____
(International Students Only)

3. Director of Library Services: _____ Date: _____
Fines: \$ _____

4. Director of Residence Life: _____ Date: _____
Fines: \$ _____ Contract Forfeiture: \$ _____ End of Occupancy _____

5. Student Accounts Manager: _____ Date: _____

Refund: % _____ Amount = \$ _____ Now Owes: \$ _____ HOLD*: _____

** A hold on your record will prevent release of transcripts until cleared*

6. Director of Financial Aid: _____ Date: _____

7. Registrar: _____ Date: _____

Leave Date _____ Courses Dropped from Terms _____