

LEAVE OF ABSENCE REQUEST

Name		Date	
SID#	Phone	Email	@tulane.edu
Permanent Address:			
Academic Advisor: _		Semester/Year Requested 🗆 Fal	I ☐ Spring 20
I am requesting a lea	ave of absence for \bigcirc 1 (2 semester(s) and expect to return in	Fall OSpring 20
Type of leave reques	sted:		
Study Elsewhere	(in U.S. or internship)(◯Study Abroad ◯Military ◯Medical (ជ	petition required)
Other			
Policies and Proced	ures:		
will be allowed to co student returning to requirements in effer registration materia absence for up to or a readmission application materia leave of absence muregistration materia absence is the last denrollment. Student absence by the deaded with most leave of absence to the deaded of the contact House Approval for semester be medical leave	entinue study under the othe university after mo ect at the time of readmed and to preregister for the year. Students who are still a name of the year in which they wish to east file an application for ls until after the readminated as who do not return to add the year and the year and the series are registered in the leave is contingent on the fore the leave begins. We requires a recommendation of the year and the leave begins.	f the university and return to that school degree requirements in effect for them a re than one calendar year will be required ission. Students taking a leave of absence classes during the priority period may for re allowed a one-year leave of absence arould submit a letter-of-intent to resume streturn. Students who leave a school without readmission with the Advising Center and sion has been processed. The deadline for courses in the semester after the last regulation. It is placed that must be lifted by Student a implications of a leave with Financial Aid regarding housing contract. The student meeting continuation standard dation from the Health Center.	t the time they left. Any do to complete the degree who wish to receive smally file for a leave of the not required to complete study at least eight weeks to but formal approval for a do will not receive for applying for a leave of cular semester of a student's do not request a leave of the eadmission. Affairs (CMVSS). Counselor.
I nave read and und	erstand the policies and	d procedures described above.	
Student's Signature		Date	·
Type of leave appro	ved:		
Dean's Signature		 Date	
Student record (S	GASTDN) undated with	leave type	Copy of approved form

given to student