

## LEAVE of ABSENCE / PROGRAM WITHDRAWAL REQUEST

**Instructions to Student:**

Please provide the information required and return the form to the Office of Student Success: [oss@redlands.edu](mailto:oss@redlands.edu)

STUDENT NAME: _____	STUDENT ID#: _____
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**ADVISOR / PROGRAM CHAIR use only – to be completed when meeting with student:**

LEAVE of ABSENCE                      PROGRAM: \_\_\_\_\_

PROGRAM WITHDRAWAL

Date of Notification: \_\_\_\_\_                      Effective Date: \_\_\_\_\_                      Expected Date of Return: \_\_\_\_\_

**Student – Please complete:**

**REQUIRED - REASON for REQUEST:**

**REQUIRED - Please initial and sign below confirming you have read the following information:**

- \_\_\_\_\_ I understand that my *Leave of Absence* will be granted from the School of Education for up to one (1) year, after which I will need to apply for re-admission and will be subject to catalog requirements at time of return.
- \_\_\_\_\_ I understand that my *Program Withdrawal* will be granted from the School of Education as of the effective date listed above. In order for me to return, I will have to apply for re-admission and will be subject to catalog requirements at time of return.
- \_\_\_\_\_ I understand that I will be responsible for any changes related to my program requirements.
- \_\_\_\_\_ I understand my course schedule may change based on the availability of courses upon my return.
- \_\_\_\_\_ I understand my financial aid and payment schedule may be affected by my leave of absence / program withdrawal.

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

**For Office Use Only**

URSE: Advisor Approval - _____	Date: _____
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