Leave of Absence (LOA) Request

I request a leave of absence from Florida National College

Beginning (mm/dd/yy) _____ / _____ / _____ for the following reason: _____

_____

I will return to school on (mm/dd/yy) _____

I understand that regulations require that:

- I am allowed to request a leave of absences for a period of one Semester.
- A leave of absence can be granted during the Winter or Fall Semester NOT for the Summer.
- The total of all my leave of absences may not exceed 180 days in any 12 month period.
- I will not incur any additional tuition charges during any leave of absence.
- When the period for leave of absence ends, I have to go to the Registrar's Office to either receive my schedule to continue classes or withdraw from the College.
- In the event I do not return from a leave of absence, I will be dropped from the College and any refunds due will be made to the appropriate financial aid programs within 30 days of the date I was schedule to return.
- If a credit balance occurs in the event I do not return from an LOA I am requesting that any excess funds are _____ returned to me, or _____ to the appropriate source.

_____ _____

Student Name (print last name, first name) Student SSN

_____ _____ / _____ / _____

Student Signature Date

INSTITUTIONAL USE ONLY:

This leave of absence is approved

Remarks:

_____ _____

Registrar Date

_____ _____

Financial Aid Officer Signature Date

_____ _____

Bursar Office Signature Date