

Leave of Absence Request Form

Name (Last, First, MI)	Student ID:
Address:	E-mail:
Home phone:	Daytime phone:
Program (circle one): AABA BAM BA BS MED MBA	Campus / Group #

Dates of Leave:

Course Number: _____ Course Title: _____

Start Date of Leave: _____ Return Date to school: _____

List the specific course number, course title, group name and number you will return to:

(ex: ECON101 with AABA#10): _____

Reason for Leave of Absence (check one):

- Medical
- Personal
- Transfer credit
- Military
- Other: _____

By signing this form, I am requesting a leave of absence. I have read and understood Benedictine University's Financial Aid Leave of Absence Policy Non-Traditional.

Student Signature: _____ **Date:** _____

Submit this form by mail, fax or in person to:

Financial Aid Office
 Benedictine University - Lownik Hall
 5700 College Road
 Lisle, IL 60532

Telephone: (630) 829-6100
 Fax: (630) 829-6101

(For Financial Aid Office use only)

Approved Denied Comments: _____

Processed by: _____ Date: _____