

Leave of Absence

OFFICE USE ONLY	
Approved _____	Denied _____
By _____	Date _____
Reason: _____	
Date Student Notified: _____	

Name: _____
First Middle Last

SID or SSN: _____

Mailing Address: _____
Street or P O Box

City, State, Zip

Daytime Phone: _____
Please include area code

A student may be granted a medical or personal leave of absence and resume receiving TELS award(s) upon resumption of attendance, so long as all other applicable eligibility criteria are met. Approval shall be requested from the Financial Aid Office by completing this form. Approval may only be granted for documented medical or personal reasons.

If your request is approved, your TELS award will be reinstated beginning the semester that you resume your education. If your request is denied, and you take a leave of absence from your program of study anyway, you will lose your TELS award for all subsequent semesters. Denial of your request for a leave of absence can be appealed through the TELS appeal process.

I hereby request a leave of absence from my program of study beginning _____ due to:
mm/dd/yy

Check the reason(s) for your appeal, attach the required documentation, and furnish required signatures. Submit to the Financial Aid Office.

- Illness of student...
Attach a letter from the student's doctor indicating the type of illness, the date of the onset, and if the student is still under a doctor's care or has been released.
- Illness of an immediate family member (parent, stepparent, sibling, or other household member)...
Attach a letter from the family member's doctor indicating the type of illness, the date of the onset, and if the family member is still under a doctor's care or has been released.
- Death of an immediate family member (parent, stepparent, sibling, or other household member)...
Attach a copy of the obituary or notice of death from the newspaper. Indicate your relationship.
- Extreme financial hardship of student or student's immediate family (the family with whom the student lives)...
Attach a letter explaining in detail the nature of the extreme financial hardship and what action the family is taking to deal with this hardship. Attach documentation detailing the current income of the family, outstanding medical expenses not covered by insurance, etc. If legal action has been taken, attach copies of court documents that will support your request.
- Other extraordinary circumstances beyond the student's control where continued full-time attendance would create a substantial hardship...
Attach a letter detailing the extraordinary circumstances beyond your control, and why those circumstances prevent you from fulfilling a particular eligibility requirement.
- To fulfill a religious commitment required of all students of my faith...
Attach a letter detailing the religious requirement and why this requirement prevents you from fulfilling a particular eligibility requirement.
- Participation in an internship or co-op program required as part of the student's academic program...
Attach a letter from student's advisor stating the above.
- Military mobilization for active duty of yourself, spouse, child, father, or mother...
Attach a copy of the military paper mobilizing you and your relative into active duty.

Documentation signature requirements: All letters attached to this appeal must bear the signature of the author and contain the name of the student. All documentation must be identified as to the source.

I certify that the information and documentation submitted for appeal is true and accurate to the best of my knowledge.

Student Signature: _____

Date: _____