



LEAVE OF ABSENCE REQUEST

Name: _____ BUID: **B 0 0**

--	--	--	--	--	--	--	--	--	--

Phone: _____ Email: _____@pop.belmont.edu

THIS FORM MUST BE COMPLETED BY THE STUDENT MAKING THE REQUEST.

FOR WHICH TERM AND YEAR DO YOU INTEND TO REQUEST A LEAVE OF ABSENCE?

FALL 20 _____ **SPRING 20** _____ **SUMMER 20** _____

Students who meet the following criteria may request permission for a Leave of Absence:

- Involuntary need to be absent from the university for a period of time
- Academic Good Standing
- Completed at least one full term of enrollment at Belmont University
- Fully expects to return to complete requirements for the degree

Type of Leave Request: **Medical Leave** **Leave Due to an Extenuating Condition**

The Following Documentation is required in Entirety before Consideration will be given:

*All documents must be submitted to the Office of the Registrar no later than **two weeks prior** to the first day of class for the term in which the leave is requested. Students planning to study elsewhere while on leave must have prior approval if credits are to be transferable.*

- **This Leave of Absence Request form**
- **A letter of explanation of the unforeseen circumstance**
- **Any applicable official external documentation confirming the current need for a Leave of Absence**

➤ Do you live in campus housing? ___ Yes ___ No

➤ Do you receive institutional, state or federal financial aid? ___ Yes ___ No

If the answer to the either of the two above questions is “Yes” please have the appropriate office representative sign below.

Student Financial Services: _____

Date: _____

Residence Life: _____

Date: _____

Continued on Next Page

Please return to Belmont Central in the Gabhart Student Center or via: **Fax:** 615-460-5415 or **Email:** registrar@belmont.edu

Phone: 615-460-6619

Revised March 2019



LEAVE OF ABSENCE REQUEST

Read and Initial in Agreement to the Following Statements

In requesting this Official Leave of Absence status I understand:

_____ A Leave of Absence is granted only on the basis of an involuntary circumstance or demonstrated hardship.

_____ While on leave, all correspondence regarding the Leave of Absence status is emailed to the student's Belmont email address. It is essential to check that email for correspondence regarding the leave of absence.

_____ A Leave of Absence is for 1 semester only. Requests for an additional semester must be made in writing to the Office of the Registrar prior to the end of the first semester on leave. Extensions for one additional semester will be granted only upon presentation of exceptional circumstances (i.e. LOA form, letter of explanation and official supporting documents)

_____ Students on leave are eligible to enroll the next semester. As such, students are not required to reapply to the university for the subsequent term. Failure to enroll for the next eligible term causes the student to be withdrawn from the university at the date the leave was granted. This action may result in penalties in aid, insurance, loans and other areas predicated on a student's enrollment.

_____ A Leave of Absence is granted at the discretion of the University Registrar in consultation with other administrative offices.

_____ Federal aid recipients must notify Student Financial Services upon return to Belmont University of their intent to use federal aid. Students must be enrolled at least half time for eligibility.

_____ Students planning to reside in campus housing must notify Residence Life prior to returning to Belmont University. Students must be enrolled as full time students for housing eligibility.

_____ The student is responsible for any remaining charges or additional charges not yet applied to the account, in accordance with Belmont's published payment policy/statement of liability.

_____ The Leave of Absence request becomes effective upon receipt of all necessary documentation to the Office of the Registrar with all required signatures. It is the responsibility of the student to submit all documents.

STUDENT SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY:

First term enrolled at Belmont University: _____

Current academic standing: _____

Current financial standing: _____

Current disciplinary standing: _____

Office of the Registrar Decision: _____

Office of the Registrar: _____

Date: _____

Please return to Belmont Central in the Gabhart Student Center or via: **Fax:** 615-460-5415 or **Email:** registrar@belmont.edu

Phone: 615-460-6619

Revised March 2019