

Students wishing to take a leave of absence from Labouré College must meet with an Academic Advisor and/or representative from their program, and complete all appropriate sections of this form. Students can request up to one (1) academic year of leave. Policies regarding Leave of Absence and Continuous Enrollment, Course Withdrawal, Refund, Financial Aid, and Academic Calendar are located online in the Labouré College Catalog & Student Handbook.

Date

Program

Student Name

ID#

Effective Date – select one

- I wish my leave of absence to take effect immediately. If you are currently enrolled in courses, you will be dropped/withdrawn provided it is not beyond the deadline to do so according to the Academic Calendar. ****Please note that this option cannot be selected after the last date for course withdrawal for the semester.***
- I wish my leave of absence to take effect after final grades are received for the current semester (i.e. I will not be returning next semester, but I plan to return to Labouré College)
- I wish my leave of absence to take effect for a future semester
Please indicate the semester requested: _____

Leave Type – select one:

Medical Leave of Absence

A medical leave is utilized when a student is unable to continue their enrollment because of physical or psychological conditions. The student must submit documentation from his/her care provider that supports the medical leave. Further documentation may be required upon return to the College to ensure medical clearance.

I plan to return to Labouré College in the following term:

Military Activation Leave of Absence

A Military leave of absence is available for students who serve on active duty in the armed services of the United States when a military commitment arises. The student must submit a copy of the military active duty orders.

I plan to return to Labouré College in the following term:

General Leave of Absence

A leave of absence is available for students who cannot attend a semester for none of the above reasons but wishes to remain an active student at the College. Please select the main reason for your LOA from the chart below.

I plan to return to Labouré College in the following term:

Continuous Enrollment:

Students taking a leave of absence may elect to take the Continuous Enrollment (CEN) option which allows the student to remain continuously enrolled for the purposes of the National Student Clearing House which reports non-enrollment to the Department of Education. Remaining continuously enrolled will not trigger the 6-month grace period for student loans.

A student may select CEN for one semester. An additional consecutive semester of CEN may be requested, but must be approved by the Vice President of Academic Affairs or designee.

The enrollment fee for CEN is \$100.00. This fee is waived for military students who are called to active duty, students with a medical leave of absence, or students who must take a gap semester to begin their professional courses due to scheduling of the College.

I wish to take Continuous Enrollment for one semester

I do not wish to take Continuous Enrollment

Please describe the reason that you are requesting a Leave of Absence from Labouré College:
(This area can be written or you can attach a separate document via e-mail)

Student Signature

By signing, I acknowledge that I have read this form and understand that I am requesting a Leave of Absence from Labouré College. I understand that I must also meet with an Academic Advisor and/or a representative from my program for approval. I also understand and have read policies in the Labouré College Catalog & Student Handbook that is available online.

Student Signature: _____ Date: _____

Academic Advisor & Program Representative

Approved

Approved with Conditions

Denied

Additional Comments: _____

Academic Advising/Program Representative Signature: _____ Date: _____

Registrar Use Only

Continuous Enrollment Fee paid

Processed by: _____ Date: _____