POINT PARK
UNIVERSITY

Leave of Absence Request

Undergraduate Level

A student must fill out a Leave of Absence form if the student is a) full-time or part-time and will miss one semester or b) online and will miss two consecutive eight-week sessions. Failure to do so will require the student to go through readmission in the Office of Admission and to follow the program of study in effect during the term of return.

A student must have a cumulative G.P.A. of 2.0 or above to apply for a leave of absence. A student granted a leave of absence may return and maintain the same degree requirements that the student was following during the student's last term of attendance at the University. Any university financial aid will be maintained. There is no guarantee about State or Federal financial aid. Please see the Office of Financial Aid.

A Leave of Absence form is not equivalent to a complete withdrawal. This is a separate process which must be submitted in the Office of the University Registrar within the published deadlines.

Student Name: _____ Student ID Number: _____

Address: _____ Telephone Number: Home _____

_____ Work _____

Major: _____ Full-time _____ Part-time _____ Online _____

LAST TERM IN ATTENDANCE:
Fall 20____ Term I _____ Term II _____
Spring 20____ Term I _____ Term II _____
Summer 20____ Term I _____ Term II _____

TERM OF ANTICIPATED RETURN:
(must be the term immediately following last term of attendance)
Fall 20____ Term I _____ Term II _____
Spring 20____ Term I _____ Term II _____
Summer 20____ Term I _____ Term II _____

REASON FOR LEAVE: Illness____ Work-Related____ Personal____ Financial____ Other _____

I understand that by taking a leave it may result in my not graduating as originally planned and may affect my State and Federal financial aid award.

Student Signature: _____ Date: _____

Approvals

Student Accounts: Clearance
Yes _____ (will not have a balance due)
No _____ (will have a balance due)

Signature: _____ Date: _____

Dean of Student Affairs:

Signature: _____ Date: _____

Office of the University Registrar: Clearance

_____ Yes _____ No

Signature: _____ Date: _____

DISTRIBUTION: White-Office of the University Registrar Canary-Student (Will be mailed after processing)

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