

Leave of Absence Form

Policy: From time to time, students may seek authorization for a leave of absence (LOA) from the university to temporarily interrupt a program of study. A LOA allows for a student to suspend his or her enrollment for a brief period of time rather than withdrawing from the program and re-enrolling. In the case of prolonged illness or accident, death in the family, or other special circumstances that make attendance impossible or impractical, a LOA may be granted to the student if requested in writing by the student.

Instruction

- 1) A student seeking a LOA must consult with his/her academic dean, and submit a LOA form to Registrar's Office. The request must be signed and dated with the reason for LOA.
- 2) Upon receiving the LOA request and form, the university will determine if there is a reasonable expectation that the student will return to the university and resume his/her study. The university will grant the request or deny it, and inform the student by email.
- 3) The LOA cannot exceed 180 days in any 12-month period. Students with F-1 visa must contact the International Student Advisor for consultation prior to requesting for a LOA to ensure compliance with federal immigration regulations [8 C.F.R. §214.2(f)(6)(iii)(B)].
- 4) The student must report to Registrar's Office upon returning from the approved LOA on/or prior to the expected return date stated on the LOA form.
- 5) If a student does not resume attendance at the university on/or before the end of an approved LOA, the student will be considered withdrawn from the institution.

A: Personal Information

Student's Name: _____ VIU ID#: _____
(Last) (First) (Middle)

Current Address: _____
(Street)

(City) (State) (Zip Code)

Phone: _____ E-mail: _____

B: Complete the following:

Are you an international student? YES, and my visa status is F-1 other _____ / NO, I am a U.S. citizen / PR.

Program of Study: _____

Requesting a Leave of Absence for the following semester OR after the date: _____

Semester OR the date in which I will return: _____

Reason for leave of absence request: (If it is a medical leave, a student must provide the university with the relevant documentation from a doctor that shows s/he is required to take medical treatment for that term or the period.)

By Signing below I certify that I have read and understood the Leave of Absence Policy.

Student Signature: _____ Date: _____

Signature of Dean _____ Date: _____
(Acknowledging the request)

Signature of Accounting Office _____ Date: _____
(Checking the student account)

Signature of Registrar's Office _____ Date: _____
(Checking the student account)

Office Use Only

- Granted Denied Informed the student on _____
 Tagged in CAMS Course add/drop/withdrawal form, if applicable