

**SAINT ANTHONY COLLEGE OF NURSING - ROCKFORD, ILLINOIS
REQUEST FOR LEAVE OF ABSENCE FORM**

STUDENT: You must acquire all required signatures and return completed form to the Enrollment Management Coordinator.

Student's Name _____ Leave Dates From: _____ To: _____

Address _____

City _____ State _____ Zip Code _____

Please check the reason for requesting a leave of absence (LOA). Explain each reason as fully as possible.

____ Health _____

____ Academic difficulty _____

____ Personal _____

____ Military _____

____ Other, please explain _____

Students receiving financial aid, please check all that apply:

ISAC-Monetary Award ____ Pell Grant ____ Student Loans ____ V.A. Benefits ____ Other ____ *Please explain:*

Has the Front Desk received the following items? Mailbox key _____ Student ID _____

Last Day of Class Attended (if currently attending class): _____

Student Signature _____ Date _____

Bursar Signature _____ Date _____

Advisor Signature _____ Date _____

Financial Aid Officer Signature _____ Date _____

Associate Dean Support Services Signature _____ Date _____

Program Dean Signature _____ Date _____

For Office Use Only

LOA Notification sent to UAP or GAP: _____ *Date:* _____

Date LOA Effective: _____ *Date of Planned Return:* _____

Enrollment Management Coordinator: ____ *Entered in Sonis Leave Status Screen* ____ *Changed Email fields in Sonis Bio*
____ *Notified Add/Drop Group & Faculty/Advisor*

Return Approved by Program Dean: Yes _____ No _____ *Date:* _____ *Initialed by Dean:* _____

Return Notification sent to UAP or GAP: _____ *Date:* _____

Enrollment Management Coordinator: ____ *Entered in Sonis Leave Status Screen* ____ *Changed Email fields in Sonis Bio*
____ *Notified Add/Drop Group & Faculty/Advisor*