

LEAVE OF ABSENCE REQUEST FORM



ASCENT
COLLEGE

#YOURGOODHISGLORY

All students should carefully review the Leave of Absence policy stated in the Ascent College academic catalog and student handbook prior to completing and submitting this form.

Full Name: _____

Personal Email (other than Ascent.edu): _____

Phone Number: _____

Current Program of Study: _____

Current Academic Semester and Year: _____

Anticipated Start Date for the Leave of Absence: _____

Reason for the Leave of Absence Request (please attach Word document(s) if additional space is needed):

Do you have any documentation to add to this request (i.e., doctor's note, military orders)?

yes

no

If yes, please attach all associated documents to this request form.

*Please provide an estimated length of time for your Leave of Absence and anticipated return date, noting **any Leave of Absence may not exceed 180 days within any 12-month period.***

Students who do not return within the maximum allowable 180 days within any 12-month period will be administratively withdrawn and must reapply to resume classes at Ascent College. Students returning within the maximum allowable 180 days within any 12-month period are permitted to resume academic study and coursework begun prior to the Leave of Absence, provided they meet all other stated requirements.

No monetary charges or accumulated absences will be assessed to the Student during a Leave of Absence. No additional charges will be imposed upon the Student because of the Leave of Absence.

By signing this form, the Student acknowledges they have reviewed and agree to the policy set forth in the Ascent College academic catalog and student handbook.

Student Signature

Date

ASCENT COLLEGE STAFF ONLY

Academic Advisor Initial: _____

Student Services Initial: _____

Registrar Initial: _____

Last Allowable Return Date (180 days from the Anticipated Start Date):
