

Leave of Absence (LOA) Request.

I request a leave of absence from F	Iorida Nationa	l Univers	sity.			
Beginning (mm/dd/yy)/	/ fo	r the follo	owing reas	son:		
I will return to school on (mm/dd/y	yy)			_		
I understand that regulations requir	e that:					
- I am allowed to request a le	eave of absence	es for a p	eriod of o	ne Semeste	er.	
- A leave of absence can be g Summer.	granted during	the Wint	er or Fall	Semester I	NOT for the	e
- The total of all my leave of	absences may	not exce	ed 180 da	ys in any 1	2 month p	eriod.
- I will not incur any addition	nal tuition char	ges durir	ng any leav	ve of abser	nce.	
- When the period for leave of either continue classes or w				the Regist	rar's Offic	e to
 In the event I do not return University and any refunds within 30 days of the date I 	due will be m	ade to the	e appropri			rams
- If a credit balance occurs in any excess funds are					-	g that
(Print last name, first name)		_	_	Student	SSN	_
		_	_	/	/	
Student Signature				Dat	te	
INSTITUTIONAL USE ONLY:						
This leave of absence is approved			Remark	as:		
Registrar	Date					
Financial Aid Officer Signature	Date					
Bursar Office Signature	Date					

FNU Reg. form 005/2017 Rev. 02/01/2017