Florida National University
SINCE 1982
OPENS DOORS TO THE FUTURE

Leave of Absence (LOA) Request.

I request a leave of absence from Florida National University.

Beginning (mm/dd/yy) _____ / _____ / _____ for the following reason: _____

_____

I will return to school on (mm/dd/yy) _____

I understand that regulations require that:

- I am allowed to request a leave of absences for a period of one Semester.
- A leave of absence can be granted during the Winter or Fall Semester NOT for the Summer.
- The total of all my leave of absences may not exceed 180 days in any 12 month period.
- I will not incur any additional tuition charges during any leave of absence.
- When the period for leave of absence ends, I have to contact the Registrar's Office to either continue classes or withdraw from the University.
- In the event I do not return from a leave of absence, I will be dropped from the University and any refunds due will be made to the appropriate financial aid programs within 30 days of the date I was scheduled to return.
- If a credit balance occurs in the event I do not return from an LOA I am requesting that any excess funds are _____ returned to me, or _____ to the appropriate source.

_____ _____
(Print last name, first name) Student SSN

_____ _____ / _____ / _____
Student Signature Date

INSTITUTIONAL USE ONLY:

This leave of absence is approved

_____ _____
Registrar Date

_____ _____
Financial Aid Officer Signature Date

_____ _____
Bursar Office Signature Date

Remarks:

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Rev. 02/01/2017