



**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 months 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 FNU ID \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**INSTITUTIONAL USE ONLY:**

This leave of absence is approved

\_\_\_\_\_  
Registrar Date

\_\_\_\_\_  
Financial Aid Officer Signature Date

\_\_\_\_\_  
Bursar Office Signature Date

Remarks: