



## Leave of Absence Form

### IDENTIFICATION

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Personal Email Address \_\_\_\_\_

Students who are performing satisfactorily and find it necessary to interrupt their course of study for personal reasons may be granted a Leave of Absence (LOA) upon approval of their advisor. A student will not be granted more than two leave of absences in a 12 month period. The leave of absence or any additional leave of absence may not exceed 180 days in any 12 month period. If a student leaves without properly processing a LOA, a grade of "F" may be assigned for incomplete courses and refunds will not be granted. Transcripts will not be issued unless all financial obligations to the College are met.

### STUDENT

Submit this form within 10 business days of requesting a course drop

Program of Study \_\_\_\_\_

I am requesting a leave of absence from the above program at Trinity College of Nursing & Health Sciences. The reason for my leave of absence is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I plan to return to the program (mm/dd/yyyy) \_\_\_\_\_

I have read the Refund Policy in the College Catalog.

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

### CONFIRMATION OF LEAVE OF ABSENCE

Dean Signature \_\_\_\_\_ Date \_\_\_\_\_

Director of Student Services Signature \_\_\_\_\_ Date \_\_\_\_\_

Email to Advisor & Student \_\_\_\_\_ Date \_\_\_\_\_

Registrar to update status after 180 days

**ADVISOR/ADMINISTRATIVE** - Submit this form within 10 business days.

Reason for Leave of Absence

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last Date of Attendance if known: \_\_\_\_\_

Is Student registered for courses in upcoming term?  Yes  No  
(If yes, courses drop via portal)

Is Student currently enrolled in Gen Ed classes?  Yes  No  
(If yes, do not complete form until within one week of end of term)

Form completed and attached

Is Student a Trinity Employee?  Yes  No  
**If no**, was Photo Badge returned?  Yes  No  
(student will be billed \$25)

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

### FINANCIAL AID SPECIALIST

- Financial Aid Policies reviewed
- Exit Interview conducted/mailed
- NSLDS Updated
- Mark in outlook to update status after 180 days

Official Date of Leave of Absence: \_\_\_\_\_

Financial Aid Specialist Signature: \_\_\_\_\_ Date \_\_\_\_\_

### BURSAR

- Charges Paid in full
- Refund Policy reviewed
- Transcript Policy reviewed

Bursar Signature: \_\_\_\_\_ Date \_\_\_\_\_

### OFFICE MANAGER/COLLEGE SECRETARY

- Notification of badge code removal from doors

Office Manager/College Secretary Signature: \_\_\_\_\_ Date \_\_\_\_\_