



## 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

Removed from MLI List

Email to Advisor & Student

\_\_\_\_\_  
Date

White Copy - Student File

Yellow Copy - Advisor

Pink Copy - Student

**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

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

### EXECUTIVE ASSISTANT

- Notification of badge code removal from doors

\_\_\_\_\_  
Exec. Asst. Signature: Date



## Course Withdrawal Form

Submit with [College Withdrawal Form](#) or [Leave of Absence Form](#) or [Request for Change in Program and/or Graduation Date Form](#)

Fall Semester 20 \_\_\_\_\_ Spring Semester 20 \_\_\_\_\_ Summer Semester 20 \_\_\_\_\_  
STUDENT NAME: (Top portion must be completed in its entirety.)

\_\_\_\_\_  
(Student Last Name) (First Name) (Middle Name)

\_\_\_\_\_  
(Address) (City, State) (ZIP)

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security# \_\_\_\_\_ Birthdate: \_\_\_\_\_

Student's E-mail Address: \_\_\_\_\_

**CLASSIFICATION:**

- BSN       MSN       BSHS       AAS

| COURSE NAME<br>(i.e. Bio 145) | Check box if "online" course | 5 OR 6 DIGIT COURSE NUMBER<br>*this must be present to process registration form | SECTION NUMBER | SEMESTER HOURS | PROVIDING INSTITUTION<br>(POR, TC, BHC, EICC) | WF - Withdrawal Failing<br>WP - Withdrawal Passing<br>W - for BHC & EICC |
|-------------------------------|------------------------------|--|----------------|----------------|---|--|
|                               |                              |  |                |                |   |  |
|                               |                              |  |                |                |   |  |
|                               |                              |  |                |                |   |  |
|                               |                              |  |                |                |   |  |
|                               |                              |  |                |                |   |  |
|                               |                              |  |                |                |   |  |

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

**REFUND POLICY**

It is very important to be aware of the Refund Policy. The Refund Policy varies by the institution in which the courses are offered, therefore students should check the Refund Policy for that institution.

**I AUTHORIZE THE DEDUCTION OF ANY FINANCIAL ASSISTANCE TO PAY TUITION AND FEES FOR COURSES ON THIS REGISTRATION FORM. I REALIZE I MUST BE IN REGULAR CLASS ATTENDANCE TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE.**

Your signature on the line below indicates that you have read and understood all of the information concerning registration and financial assistance. **This form will not be processed without a student signature.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

|  |
|--|
| <p><b>For Office Use only:</b></p> <p><input type="checkbox"/> Registrar</p> <p><input type="checkbox"/> Bursar</p> <p><input type="checkbox"/> Financial Aid Specialist</p> |
|--|