Fillable PDF Form

## Instructions - DO NOT USE A MOBILE DEVICE

- **Please follow thes steps to assist you with filling out this digital form.**

BEFORE YOU BEGIN:

- **Be sure you have downloaded Adobe Reader DC to your laptop: https://get.adobe.com/reader/**
- **Do not use any other PDF application only use Adobe Reader DC**
- **Prepare a file location to download the form**

GETTING THE FORM FROM WEBSITE TO LAPTOP:

- **Do not fill out the form while online using the browser**
- **You will need to download the form from our website**
- **At the top right of the open form window is a download icon.**
  - (Sample screenshot of a form browser window not actual form naming scheme for this form
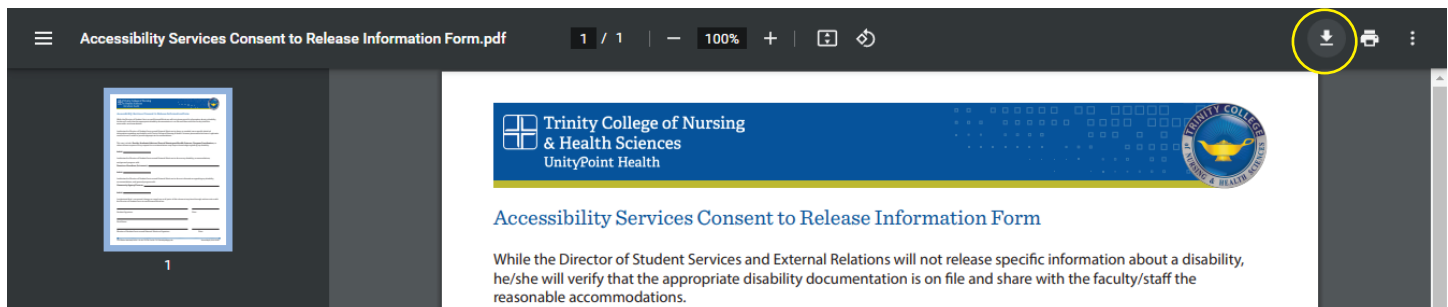
- **By default your file will want to download to the downloads folder on your laptop unless you choose a different location - Click Save**
- **Open Adobe Reader DC - Select the downloaded PDF form from within the program. Don't double-click from the forms location, it may open the browser and if you fill out the form none of the data will send or be saved.**
- **Fill out the form and when you are ready to save go to File and select Save**

- **How to attach PDF to your email.**
  - Open your email service.
  - Create an email and attach your filled PDF form and send to Mathew.Oles@trinitycollegeqc.edu

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   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

BUSSINESS SERVICES SPECIALIST

☐ Charges Paid in full

☐ Refund Policy reviewed

☐ Transcript Policy reviewed

Business Services Specialist Signature: Date

STUDENT SERVICES

☐ Notification of badge code removal from doors

☐ Removed from MLI List

☐ Email to Advisor & Student

Student Services Signature: Date

Trinity College of Nursing & Health Sciences
UnityPoint Health

Add/Drop Form: General Education Courses & Clinical Make-Up Unit

* THIS FORM MUST BE SUBMITTED ELECTRONICALLY, VIA EMAIL
SUBMIT THIS FORM WITH A <u>COLLEGE WITHDRAWAL FORM</u> IN THE EVENT THAT BY DROPPING THIS COURSE YOU ARE NO LONGER ENROLLED IN ANY COURSES

Fall Semester 20 _____ Winter 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: ☐ AAS   ☐ BSHS   ☐ BSN   ☐ MSN

COURSE NAME (i.e. Bio 145)	Check box if "online" course	5 OR 6 DIGIT COURSE NUMBER *NOT APPLICABLE TO PORTAGE CLASSES*	SECTION NUMBER	SEMESTER HOURS	PROVIDING INSTITUTION (POR, BHC, EICC)	WP – Withdrawal Passing WF – Withdrawal Failing A – Add D – Drop

CMU COURSE	FACULTY	DATE OF MISSED CLINICAL	REASON FOR MISSED CLINICAL	DATE OF CMU	A – Add D – Drop

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: _____