

REQUEST FOR LEAVE OF ABSENCE

PLEASE PRINT

Date: _____

Name: _____ WU student number: _____
Last First Middle Initial

Expected semester of leave: Fall 20_____ Spring 20_____ Summer 20_____

Expected semester of return: Fall 20_____ Spring 20_____ Summer 20_____

Reason for requesting leave of absence:

- Attend another U.S. college or university (name of institution): _____
- Participate in non-WU study broad (program name/location): _____

For this option only, please submit this form to Office of International and Area Studies: McMillan 138, Campus Box 1088, tel. 314-935-5958, fax 314-935-7642. Director of Overseas Programs will approve instead of College dean. Overseas Programs will activate leave status, provide limited services during absence, activate reinstatement, and assist with course registration from abroad for return to WU. Additionally, **Data Sheet for Non-WU Program** is required with submission of this request, which is printable from www.artsci.wustl.edu/~overseas/overdownload.html and available in OIAS.

- Medical Reason: Please complete the medical leave application and contact Student Health and Counseling Service.
- Other (list reason): _____

Primary address during absence:

Street Address City State Zip

Telephone: (____) _____ Cell Phone: (____) _____

E-mail Address: _____

Signature of Student: _____

To have your leave approved, you must meet with and have this form signed by a dean or Director of Overseas Programs.**Dean Use Only:**

Dean's Approval Signature: _____ Date _____

Date Leave Is Effective (start date): _____

Drop Course Work:

_____ With a "D" (does not appear on transcript)

_____ With a "W" (appears on transcript)

_____ Process Refund – Percentage of Refund: _____% (Based on WU Refund Policy)

Is student enrolled for classes next semester? _____

If yes, drop courses? Yes No

Comments: _____

Administrative Use Only:

_____ MP(s) Closed

_____ LOA Milestone Online (1008)

_____ All Advisor Links Closed

Notification of Leave Sent To:

_____ Student

_____ Parent (custodial)

_____ Advisors

_____ Instructors (email before dropping courses)

_____ Student Accounting

_____ Student Financial Services

_____ Residential Life

_____ Office of International Students (F1 Visa only)

_____ Completed by (initials)

_____ Date Completed