



LEAVE OF ABSENCE REQUEST

Instructions: Submit this completed request to **Academic Advising**.

Be sure to contact Academic Advising regarding options and the consequences of taking a leave of absence.

Also be sure to contact Student Financial Services at 802.225.3256 to be advised on how a leave may affect your financial aid.

Student to Complete Information Below

Please print clearly

Today's Date: _____

Student Name: _____
First Middle Last

Date of Birth: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Work: _____

Email: _____

Dates of Requested Leave: From: _____ To: _____ **(180 days max)**
dd/mm/yr dd/mm/yr

Reason for request (**required**): _____

Academic Advising Must Complete:

Date of Determination: _____ Student's Current Program Version: _____ Status: _____

Approved Based on Academic Review

Requires a program version change upon return? Yes No **Last Date of Attendance:** _____

Not Approved

Other Comments: _____

Submitted and Approved by: _____

Registrar's Office Approval: _____ **Date:** _____