## Leave of Absence / Period of Non-Enrollment

## REGISTRAR'S OFFICE



	Student Name	Student ID	Phone Number				
Period of Non Enrollment							
	$\Box$ Courses needed are not offered						
	Financial						
	Other						
	Please provide brief explanation						
[							
L							
Leave of Absence							
	Medical						
	Other						
	Please submit documentation to su	ipport your Leave of Absence.					

## Please read the following and sign:

A student who desires to be absent from the university due to a personal or medical circumstance must submit this application for a leave of absence or period of non-enrollment. If a student is requesting a medical leave of absence, the student must provide medical documentation. If the LOA is approved, the student will be guaranteed readmission at the end of the specified time. If a student has attended another institution, transcripts would be required. Failure to return to Tusculum University from an approved leave of absence will result in a withdrawal from the school. If a student is approved for a leave of absence, their enrollment will be reported as a separation to their loan holder which could cause a student to enter repayment on their federal student loans.

Student's Signature	Date	Advisor's Signature	Date				
Dean's Signature	Date						
RETURN THIS COMPLETED FORM TO THE REGISTRAR'S OFFICE							

OFFICE USE ONLY