



Notice of Leave of Absence

NAME: _____

ADDRESS: _____

DOB: _____

PROGRAM: _____

ADVISOR'S NAME: _____

EMAIL ADDRESSES:

University email: _____

Personal email: _____

TELEPHONE NUMBERS:

Home Phone: _____ Cellphone _____

SEMESTER OF LEAVE:

Fall: ___ Spring: ___ Academic Year: _____

EXPECTED DATE OF RETURN: _____

HAVE YOU CONSULTED WITH YOUR ADVISOR? Yes: No:

HAVE YOU INFORMED FINANCIAL AID? Yes: No:

JUSTIFICATION FOR LEAVE: _____

NOTE: Forward this completed form to the Registrar's Office (Registrar@lynchburg.edu) prior to the beginning of the term for which leave is requested.

Refer to the Graduate Catalogue, Academic Regulations' section for more detailed information concerning university and individual program policies for a Leave of Absence