



Notice of Leave of Absence

Name: _____ DOB: _____

Address: _____ (Street or PO Box) Advisor: _____

(City, ST ZIP) Program: _____

Email: _____

Phone: (Home) _____ (Office) _____ (Cell) _____

Semester of Leave ___ Fall ___ Spring Academic Year: _____

Enter date to start leave: Immediately or after the semester? _____

Expected date of return: Month: _____ Year: _____

___ Yes ___ No 1. Have you consulted with your advisor?

___ Yes ___ No 2. Have you informed Financial Aid?

Justification: _____

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