



## UNIVERSITY LEAVE OF ABSENCE REQUEST

**\*\*ADVISOR: Please return this LOA Form to the Office of the Registrar, email to [Registrars@ben.edu](mailto:Registrars@ben.edu).\*\***

Any full or part-time traditional student in satisfactory academic standing who must interrupt a degree program may apply to the Advising Center for a Leave of absence up to two full academic years or four consecutive semesters (not including summer terms).

### Part I General Information

BenU ID # \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle (Maiden/Other)

HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
\_\_\_\_\_

EMAIL: \_\_\_\_\_

Undergraduate: ☐ Campus Resident ☐ Commuter ☐ Online  
Graduate: ☐ Traditional ☐ Certificate ☐ Online

Major/Degree: \_\_\_\_\_ ADVISOR: \_\_\_\_\_

### PART II Leave of Absence Information

Minimum cumulative GPA of 2.0 required  
GPA \_\_\_\_\_

*Maximum term of a Leave of Absence is two full academic years*

#### Reason for Leave of Absence

☐ Financial

☐ Medical

☐ Personal

Term LOA Effective: \_\_\_\_\_

Term Student Plans to Return:

☐ Fall ☐ Spring ☐ Year: \_\_\_\_\_

### PART III SIGNATURE

*I am officially taking a leave of absence from Benedictine University and request any refund of tuition and fees due me as determined by the University refund policy.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

### Part IV RECORDING

*Office Use Only*

Processor: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Distribute:

*Academic Advisor  
Student Accounts Official  
Residence Life (if applicable)*

*Registrar  
Financial Aid ([financialaid@ben.edu](mailto:financialaid@ben.edu))  
Dean of Student Life*