



Office of the National Registrar

Application for Leave of Absence

Please return this form to the Office of the National Registrar.

Campus		Major/Program	
Last Name		First	Middle
Phone Number ()		Email Address	
I wish to leave Hebrew Union College at the end of this current semester: <input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____ Length of Leave: <input type="checkbox"/> 3 month <input type="checkbox"/> 6 month <input type="checkbox"/> 9 month <input type="checkbox"/> 12 month Reason for leaving: <input type="checkbox"/> Personal <input type="checkbox"/> Financial <input type="checkbox"/> Medical <input type="checkbox"/> Other Date of last class I will attend: _____ Please explain briefly. _____ _____ _____			

I understand that leaves of absence are effective for the duration of up to one year. Any extension of the approved period of leave necessitates reapplication. I must also inform the Director of the program of my intention to return to the program, no later than two months before resuming study.

Student <i>(Signature Required!)</i>	Date
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Director of Program <i>(Signature Required!)</i>	Date
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*** **A financial aid exit interview is legally required if you are currently receiving aid or have received aid at any time.**

Registrar's Office Use Only	
Processed by _____	Date _____

Updated 08/2017