



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	
<p>I wish to leave Hebrew Union College at the end of this current semester:</p> <p><input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____</p> <p>Length of Leave: <input type="checkbox"/> 3 month <input type="checkbox"/> 6 month <input type="checkbox"/> 9 month <input type="checkbox"/> 12 month</p> <p>Reason for leaving:</p> <p><input type="checkbox"/> Personal <input type="checkbox"/> Financial <input type="checkbox"/> Medical <input type="checkbox"/> Other</p> <p>Date of last class I will attend: _____</p>		
<p>Please explain briefly.</p> <p>_____</p> <p>_____</p> <p>_____</p>		

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