



Office of the National Registrar

Application for Leave of Absence

The purpose of this form is to inform the Registrar that you will not return for the following semester after completing your current semester.

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____			
Reason for leaving: <input type="checkbox"/> Personal <input type="checkbox"/> Financial <input type="checkbox"/> Medical <input type="checkbox"/> Other			
Please explain briefly. Your comments will remain confidential. <hr/> <hr/> <hr/>			

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
--	------

Director of Program (<i>Signature Required!</i>)	Date
--	------

***** 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 _____