



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 in : <input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer _____ | | | |
| For the following reasons: <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 (Signature Required) | Date |
|------------------------------|------|

| | |
|--|------|
| Director of Program (Signature Required) | 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 _____ |