

OFFICE OF STUDENT ASSISTANCE (OSA)

LEAVE OF ABSENCE APPLICATION

PLEASE RETURN TO THE OFFICE OF STUDENT ASSISTANCE (OSA) VIA SCAN & EMAIL TO OSA@PACE.EDU.
Any questions call 1 (877) 672-1830.



STUDENT ID NUMBER _____ LAST NAME _____ FIRST NAME _____ MIDDLE _____
If this is a new address/phone #, please indicate what you would like to be updated on your record Address Telephone

STREET ADDRESS/P.O. BOX _____ CITY _____ STATE _____ ZIPCODE _____ PHONE NUMBER _____

FOR CURRENT SEMESTER FOLLOW WITHDRAWAL PROCEDURES

Campus _____ Degree _____

School _____ Major _____

Semester the Leave of Absence is to be effective, starting: Fall Spring Year 20 _____

***Leave of absence is limited to two consecutive semesters excluding the summer semesters.**

If you are registered for classes in the current semester, do you plan to withdraw from them? Yes _____ No _____

If "yes", then you MUST follow the official WITHDRAWAL POLICY procedure outlined in the University Catalog.

Reason for taking a Leave of Absence:

- Academic Financial Hardship Internship
 Military Employment Obligation Other* _____

***If you are taking a leave for medical reasons, you must complete the Medical Leave of Absence Application Forms.**

Which semester do you plan to resume your studies at Pace University?*

Fall Spring Summer I Summer II Year 20 _____

Please Note: An approved Leave of Absence does not necessarily extend the allowable time frame for certain degrees to be completed. Please speak to your school/college advisor for more information.

***Financial Note: Students planning to resume studies and expect to receive financial aid, should consult with the office of financial aid prior to resuming studies**

If you do not plan to resume your studies at Pace University, can you please explain why? _____

THIS FORM MUST BE APPROVED BY THE DEAN OF THE SCHOOL/COLLEGE OF YOUR MAJOR

Student's Signature Date

Dean's/ Chairperson's Name (Print) Office Phone Number Dean's/ Chairperson's Signature Date

FOR OFFICE USE ONLY:

- UPDATE SGASTDN COPY INTEROFFICED TO DIRECTOR OF FINANCIAL AID

OSA ADVISOR DATE