

# 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](mailto: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