



Leave of Absence Form

STUDENT INFORMATION			
Student Name:		Student ID Number:	
Current Address:		Track:	

LEAVE OF ABSENCE INFORMATION				
<p>Submit Leave Form to the Registrar's Office: Fax 805.565.3804 or scan/email registrar@pacifica.edu I, the undersigned, request a leave of absence for the time period:</p>				
<p>Leave of Absence to Begin</p> <p><u>Term:</u> <u>Year:</u></p>		<p>Expect to Return/Complete</p> <p><u>Term:</u> <u>Year:</u></p>		<p>Reason for Leave:</p>
<input type="checkbox"/> Fall	_____	<input type="checkbox"/> Fall	_____	_____
<input type="checkbox"/> Winter	_____	<input type="checkbox"/> Winter	_____	_____
<input type="checkbox"/> Spring	_____	<input type="checkbox"/> Spring	_____	_____
<input type="checkbox"/> Summer	_____	<input type="checkbox"/> Summer	_____	_____
				<p>If you are currently enrolled in the quarter your leave is to begin, do you wish to withdraw from your courses and receive grades of 'W'?</p> <p>Yes _____ No _____</p>

Please read the Leave of Absence policy in the Student Handbook and consult with the Program Chair. Clinical (first year) & Counseling programs require one year leave.

Financial aid recipients must contact the Financial Aid Office regarding the Exit Interview. The maximum leave of absence is one year and may affect your financial aid. The Visa status of international students will be affected. A leave of absence fee will be assessed to your student account.

Students must submit a Request to Re-Enroll Form to the Registrar's Office at least six weeks prior to the intended quarter of re-enrollment. **Upon their return, students must follow the academic plan developed by the program administrator/student affairs coordinator.** In order to re-enroll, any overdue library materials must be returned.

Traineeship, Practicum/Internship hours do NOT accrue during the leave period as well as personal therapy hours for Counseling students.

Required Signatures:

_____	_____
Student	Date
_____	_____
Registrar	Date
_____	_____
Student Accounts Office	Date
Separation date: _____	
Email Faculty: _____ Email Housing: _____ Email IT: _____	
Courses Dropped or Deleted or "W" grade assigned (year/term): _____	

Revised: 6/2018