



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>Term: Year:</p> <p><input type="checkbox"/> Fall _____</p> <p><input type="checkbox"/> Winter _____</p> <p><input type="checkbox"/> Spring _____</p> <p><input type="checkbox"/> Summer _____</p>		<p>Expect to Return/Complete</p> <p>Term: Year:</p> <p><input type="checkbox"/> Fall _____</p> <p><input type="checkbox"/> Winter _____</p> <p><input type="checkbox"/> Spring _____</p> <p><input type="checkbox"/> Summer _____</p>	
		<p>Reason for Leave: _____</p> <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>	
<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.</p> <p>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.</p> <p>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.</p> <p>Traineeship, Practicum/Internship hours do NOT accrue during the leave period as well as personal therapy hours for Counseling students.</p>		<p>Required Signatures: If emailing form, student must submit this form from their My.Pacifica.edu student email account.</p> <p>_____ Student Date <input type="checkbox"/> I certify that my typed name is my authorized signature</p> <p>_____ Registrar Date</p> <p>_____ Student Accounts Office Date</p> <p>Separation date: _____</p> <p>Email Faculty: _____ Email Housing: _____ Email IT: _____</p> <p>Courses Dropped or Deleted or "W" grade assigned (year/term): _____</p> <p>Revised: 8/2019</p>	