



Leave of Absence Form

STUDENT INFORMATION			
Student Name:		Student ID Number:	
Current Address (Street, City, State, Zip Code)		Track:	

Submit Leave Form to the Registrar's Office: Fax 805.565.3804 or scan/email registrar@pacifica.edu

I, the undersigned, have read and understand the leave of absence policy and request a leave for the time period:

Leave of Absence to Begin		Expect to Return/Complete		Reason for Leave:
<u>Term:</u>	<u>Year:</u>	<u>Term:</u>	<u>Year:</u>	
<input type="checkbox"/> Fall	_____	<input type="checkbox"/> Fall	_____	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'? Yes _____ No _____
<input type="checkbox"/> Winter	_____	<input type="checkbox"/> Winter	_____	
<input type="checkbox"/> Spring	_____	<input type="checkbox"/> Spring	_____	
<input type="checkbox"/> Summer	_____	<input type="checkbox"/> Summer	_____	

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 4 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. Revised 8/2021

Required Signatures: If emailing form, student must submit this form from their My.Pacifica.edu student email account.

Student _____ Date _____
 I certify that my typed name is my authorized signature

Registrar _____ Date _____

Student Accounts Office _____ Date _____

Separation date: _____

Email Faculty: _____ Email Housing: _____ Email IT: _____

~~Courses Dropped or Deleted or "W" grade assigned (year/term): _____~~