



STUDENT INFORMATION			
Student Name:		Student ID Number:	
Address: Street, City, State, Zip		Track:	

LEAVE OF ABSENCE INFORMATION		
<p>Complete and submit your leave form to the Registrar's Office at Fax: 805.565.3804 or scan/email to registrar@pacifica.edu</p> <p>I, the undersigned, have read and understand the leave of absence policy and request a leave for the time period:</p>		
<p>Leave of Absence to Begin (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 (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 (1st year) and Counseling programs require a one-year leave. Traineeship, Practicum/Internship hours do NOT accrue during a leave of absence as well as personal therapy hours for Counseling students.</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.</p> <p>The Visa status of international students will be affected.</p> <p>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 6 weeks prior to the intended quarter of re-enrollment. Upon their return, student must follow the academic plan developed by the PA/SAC. In order to re-enroll, any overdue library materials must be returned and business office hold resolved.</p> <p>Revised 8/2023</p>	<p>Required Signatures: If emailing form, student must submit this form from their My.Pacifica.edu student email account.</p> <p>_____ Student Date</p> <p><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: _____</p> <p>Email GS: _____ Email D2L: _____ Email DO: _____</p> <p>Courses Deleted or Dropped or "W" grade assigned (term/year):</p> <p>_____</p>	