



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

LEAVE OF ABSENCE INFORMATION		
Complete and submit your leave form to the Registrar's Office at Fax: 805.565.3804 or scan/email to 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 (Term/Year)	Expect to Return/Complete (Term/Year)	Reason for Leave:
<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 _____	
<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. Revised 8/2024</p>	<p>Required Signatures: If emailing form, student must submit this form from their My.Pacifica.edu student email account.</p> <p>_____ Student <input type="checkbox"/> I certify that my typed name is my authorized signature Date _____</p> <p>_____ Registrar Date _____</p> <p>_____ Student Accounts Office Date _____</p> <p>Separation Date: _____</p> <p>RO rcvd 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>	