PACIFICA GRADUATE INSTITUTE

Leave of Absence Form

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 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 or Complete (Term/Year)
☐ Fall _____	☐ Fall _____
☐ Winter _____	☐ Winter _____
☐ Spring _____	☐ Spring _____
☐ Summer _____	☐ Summer _____

Reason for Leave:

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 _____

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.

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 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 some cases, this academic plan may impact the quarter in which a student will be eligible to re-enroll, based on course sequencing and exam eligibility requirements**.**

In order to re-enroll, any overdue library materials must be returned and business office hold resolved.
Revised 10/2026

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:_____

RO rcvd date: _____

Email Faculty: _____

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

_____