



LEAVE OF ABSENCE REQUEST

Allow five business days to process your request. A signature is required for processing. Please complete and return this Form to the Registrar's Office via email to registrar@gbc.edu . Questions? Call 302-225-6265. Please print responses legibly.

Name: (Last) (First) (Middle Initial) (Maiden)

Current Address: Street Apt. #

City State Zip Code

Phone #: Date of Birth: SS#: XXX-XX- (Provide last four digits only.)

GBC ID#: Student Signature: Date

I authorize Goldey-Beacom College to release the information below per this request.

Date the Leave of Absence is to be effective: Starting: Ending:

*Leave of absence is limited to two consecutive semesters excluding the summer semesters.

If you are attending classes in the current semester, do you plan to withdraw from them? Yes No

If "yes", then you MUST follow the official WITHDRAWAL POLICY procedure outlined in the College Catalog.

Reason for taking a Leave of Absence:

- Academic Financial Hardship Internship Military Employment Obligation Other*

*If you are taking a leave for medical reasons, you must complete the Medical Leave of Absence Form.

Which semester do you plan to resume your studies at Goldey-Beacom College?*

- Fall Spring Summer I Summer II Year 20

Please note: An approved Leave of Absence (LOA) does not necessarily extend the allowable time for certain degrees to be completed. Please speak to your Advisor for more information.

Financial aid eligibility: A student who plans to resume their studies and who expects to receive federal financial aid should consult with their Advisor prior to returning.

Please explain why if you do not plan to resume your studies at Goldey-Beacom College.

Student's Signature Date

For Office Use Only Date Received: Date Reviewed: Date Approved: J1 Name Entity Student Tab Updated: Initials: