LMU | Lincoln Memorial University
HARROGATE, TENNESSEE

APPLICATION FOR LEAVE OF ABSENCE

The following information MUST be completed by the student.	
Name:	Student ID:
LMU eMail Address:	
Leave of Absence Start Date:	Expected Return Date:
Note: Check with your advisor to confirm course start date for the earliest expected date of return.	

Reason for Leave of Absence

☐ **Student Illness or Maternity** Must attach Healthcare Provider Verification of Medical Condition Form	☐ **Military**	☐ **Family Illness** ☐ Spouse ☐ Child ☐ Parent Must attach Healthcare Provider Verification of Medical Condition Form

Acknowledgments

I am requesting a Leave of Absence and acknowledge the following:

1) I have read and understand the University Leave of Absence Policy.
2) A Leave of Absence must be requested in advance of the Leave of Absence start date unless unforeseen circumstances prevent me from requesting the leave in advance.
3) My approved Leave of Absence expires on the expected return date noted above provided I do not engage in an academically related activity prior to the expected return date.
4) I will not engage in academically related activities on or after my Leave of Absence start date up to and including my Leave of Absence expected return date noted above.
5) I understand that engaging in an academically related activity will result in my return to active enrollment status with the University.
6) The University will notify me of the approval or denial of my Leave of Absence request.
7) The withdrawal date and beginning of the grace period will be the last date of class attendance.
8) I understand I am applying for approval of an Academic Approved Leave of Absence and NOT an approved Title IV Leave of Absence.

By signing this form, I am requesting a Leave of Absence and understand the above information.

Student Signature: _____ **Date:** _____

LMU | Lincoln Memorial University
HARROGATE, TENNESSEE

Academic Advisor: I have reviewed the academic status of the student above, including specific feedback from all current instructors, and certify Good Academic Standing at this time.

Signature: Date:

Office of the Registrar: The student above is certified to be in Good Academic Standing.

Signature: Date:

Office of Financial Aid: The student above has met with a representative of the Office of Financial Aid and has received specific information on the impact of this action if approved. The student was informed this is not a Title IV approved Leave of Absence.

Signature: Date:

NOTICE OF APPROVAL

The student named above is granted a Leave of Absence for the period extending to ____/_____/_____.

Other Conditions/Limitations of this Leave of Absence approval:

Approved by:

Signature: Date:

* **Final approval of an application for a Leave of Absence is determined by the appropriate approving administrator as set forth in the Leave of Absence policy.**

Acknowledged:

Signature of the Student

_____ Date: _____

NOTICE OF DENIAL

The student's application for Leave of Absence has been denied due to the following reason(s):

Denied by:

Signature: Date:

* **Denial of an application for a Leave of Absence is determined by the appropriate approving administrator as set forth in the Leave of Absence policy.**