PRINT Last Name _____ First Name _____

LEAVE OF ABSENCE APPLICATION

A degree candidate may be approved for a Leave of Absence for up to one year. A formal application is required.

Completed form must be submitted to the Registrar's Office (fax: 207-288-2947)

Term(s) I plan to be on leave (check √ and add year) ___ Fall 201___ ___ Winter 201___ ___ Spring 201____

STUDENT INFORMATION

What are your plans while on leave?_____

Please rank in order of importance (1 = ***Most Important***) those that apply and comment (use back of form if necessary).

___ Academic Difficulty _____

___ Need a Break _____

___ Change of Interest/Direction_____

___ Employment _____

___ Family/Home Needs _____

___ Health _____

___ To be a Visiting Student at Another Institution _____

___ Housing/Living Situation _____

___ Finances _____

___ Program not available at COA _____

___ Dissatisfaction with COA (specify) _____

___ Senior/less than a year remaining _____

___ Travel _____

___ Other (specify) _____

_____ _____
STUDENT SIGNATURE DATE

_____ _____
Forwarding Address (or COA Box?) Telephone Number

_____ _____
City State Zip Off-Campus e-mail Address

STAFF SIGNATURES

_____ _____
Advisor Date Financial Aid Date

_____ _____
Business Office Date Housing Date

_____ _____
Registrar Date Admissions Date