



College of the Atlantic

Application for Leave of Absence

Name: _____ Date: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Date you entered COA: _____ Current Term: _____ Advisor: _____

When you were choosing colleges, was COA your first choice? Yes No

Leave requested for the following term: Fall Winter Spring Year _____

If leave request is for the current term, last date of attendance of classes: _____

Please indicate the importance of the following factors in your decision to leave COA:

My experience with COA's academic programs: Major reason Minor reason Not a reason
Please explain:

The quality of my academic performance: Major reason Minor reason Not a reason
Please indicate additional resources that you wish COA could have provided to help you thrive academically.

Financial issues: Major reason Minor reason Not a reason
Have you met with anyone from the financial aid office to discuss your concerns?
Please explain:

Medical and/or mental health challenges: Major reason Minor reason Not a reason
Please explain:

My experience of COA's social life: Major reason Minor reason Not a reason
Please explain:

Other: Major reason Minor reason
Please explain:



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Please describe your plans for your time away from school:

By signing below, you acknowledge that you have read and understand the following:

- A leave of absence may impact your scholarship awards. A leave of absence of 6 months or longer will impact loan payback. You should contact the Financial Aid Office to ensure that you understand the terms of your financial obligations.
- Taking a Leave of Absence for reasons unrelated to medical, mental health, or family concerns will result in the loss of your COA travel funds.
- Leave of Absences are granted for one term only
- If you fail to return at the end of the approved leave, you will be automatically withdrawn. If you wish to return to the College after being withdrawn, you must re-apply through the Office of Admissions.
- You are required to provide documentation from a licensed provider to support your request for a medical leave of absence.
- You are advised to maintain and check your COA email account and to check your student portal. All official communication is sent to your COA email address. Registration information will be posted on your Portal by the end of week 4 in the term prior to your expected return.
- You must meet all regular College deadlines for registration, housing reservations, financial aid applications, and other college matters.
- You must contact your advisor prior to registration (if this is a medical leave, please also contact the Dean of Student life prior to registration).

Required Signatures:

Student: _____	Date: _____
Academic Advisor: _____	Date: _____
Office of Financial Aid: _____	Date: _____
Business Office: _____	Date: _____
If you live in on-campus student housing:	
Office of Student Life: _____	Date: _____
Academic Dean/Office of Student Life *: _____	Date: _____

* Sarah Luke or Barbara Conry; this should be the last signature you obtain

Office Use Only:

<input type="checkbox"/> ML _____ (initial here)	<input type="checkbox"/> RA	Notes:
<input type="checkbox"/> Doc _____	<input type="checkbox"/> CRA	
<input type="checkbox"/> Mandated academic leave	<input type="checkbox"/> NRA	