

HOPE LOTTERY SCHOLARSHIP PERSONAL/MEDICAL LEAVE OF ABSENCE

Complete the information below and return to the Financial Aid Office using the contact information above. You will be notified within fourteen days regarding your request for personal/medical leave.

A. STUDENT INFORMATION

Student Name: _____ Student ID#: _____

Phone: _____ Alternate Phone: _____

Address: _____
Street City State Zip

Email (if not Baptist College email): _____

B. LEAVE REQUEST SECTION (This section must be completed in its entirety)

What trimester(s) are you requesting leave? _____

Please attach a detailed summary of the circumstances for which you are requesting a leave of absence and attach all supporting documentation.

REMEMBER: Requests will not be reviewed without verifiable documentation of one's extenuating and/or personal circumstances.

C. CERTIFICATION

I certify that all of the above statements and attached documentation are true and accurate.

Student Signature: _____ Date: _____