



LEAVE OF ABSENCE REQUEST

Leave of Absence Policy Effective September 3, 2008 in BCHS Policy Manual

Objective: To allow students to maintain active enrollment status beyond term limits for readmissions.

Name _____

Last 4 Digits of Social Security Number _____ Date _____

Leave of Absence Requested from _____ Term to _____ Term

Reason for Request: _____

Please attach any supporting documentation that would assist the Ad Hoc Committee in making a decision on your request. Please include your revised Progression Plan designed in a meeting with your advisor and program dean.

Signature of Student: _____ Date: _____

Signature of Advisor: _____ Date: _____

Signature of Program Dean: _____ Date: _____

Submitting this form does not guarantee approval of a leave of absence.