SAINT ANSELM COLLEGE
LEAVE OF ABSENCE REQUEST FORM

Part I: Conditions Under Which a Leave of Absence is Granted:

1. A Leave of Absence is usually granted for a period of one semester or one year, and must be renewed in writing to be extended beyond the original dates determined. A student who does not register for courses at the end of the Leave of Absence, or who does not renew the Leave of Absence, is considered withdrawn from Saint Anselm College.

N.B. To a student who is the recipient of a Direct Stafford or Direct PLUS, Congressional federal regulation 682.605 provides that “a leave cannot exceed sixty days or six months if our next period of enrollment after the start of the Leave of Absence would begin more than sixty days after the first day of the Leave of Absence; or, the Leave of Absence is requested because of the student’s medically determinable conditions in which case the student must provide the school with a written recommendation from a physician for a Leave of Absence longer than sixty days.”

2. The student needs permission from the Dean of the College or the Registrar to take courses for credit at another institution during the Leave of Absence. The College reserves the right to refuse credits for courses taken elsewhere without appropriate authorization.

3. It is the student’s responsibility, prior to resuming studies at the College, to meet with the Academic Advisor and the Registrar in sufficient time to register for courses, and to arrange for housing, if necessary, with the Director of Residence Life.

4. The Leave of Absence becomes effective for the time specified when a signed copy of the Leave of Absence request form has been placed in the student’s folder, and another copy has been mailed to the student’s home address.

Part II: To Be Completed by the Student:

Student Name: _____________________________________ I.D. # __________________ Date: ____________

Student Address: ______________________________________________________________________________

Student Major:_________________________ Student Primary Advisor:____________________

I, __________________________________, Class of __________, hereby request a Leave of Absence effective __________

(Signature)

from Saint Anselm College for the period of: _________________________ to _________________________

(semester leaving) (semester returning)

If leave is granted after the start of the term, indicate the last date of class attendance _________________________

The reason for the request_______________________________________________________________________

Part III: To be Completed by the College Officials:

A Leave of Absence is granted from _________________________ to _________________________

(semester leaving) (semester returning)

Signed: _________________________ _________________________ _________________________

Dean of the College       Dean of Students       Registrar

cc: Dean of Students Department Chairperson
    Student Financial Services Dean of the College
    Registrar Student
    Office of Financial Aid

Revised 09-02-15