

UNION INSTITUTE & UNIVERSITY

440 E. McMillan Street, Cincinnati, Ohio 45206-1925 -- 513.861.6400 -- 800.486.3116 -- FAX
513.861.0779

LEAVE OF ABSENCE REQUEST FORM

NAME _____
Last First Middle

UI&U ID# _____ DATE _____

ADDRESS _____

Email _____ Degree Program _____

I wish to leave Union Institute & University on _____ and
return on _____.
date date

Reason for leaving: _____

Student Responsibility:

- I am aware that this is an academic leave of absence only. I must contact the financial aid department for further consideration on how this request will affect any funding I have received. _____
initials
- During my leave of absence, I will have access to my UI&U email, but no access to CampusWeb or the UI&U Library. _____
initials
- I am required to notify the program dean of my intent to return within 30 days of the return day indicated on this form. I can be dismissed from the program if I do not return by the indicated return date. _____
initials
- I have read, understand, and will comply with the university's Leave of Absence Policy. _____
initials

Student's Signature Date

Dean's Signature Date

Registrar's Signature Date