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## Graduate Student Request for Leave of Absence

Catawba College recognizes that it is sometimes necessary for students to interrupt their enrollment for a period of time and take a leave of absence (LOA). Graduate students may take a non-medical leave for a variety of reasons including, for example, to attend to academic, personal, or financial matters. The minimum duration of a leave must be for the remainder of the semester in which it is requested or one semester. Maximum duration of a leave is two consecutive semesters to be determined by the specific program of major.

(For medical leaves, please complete the Request for Medical Leave of Absence (MLOA) Form).

### Requesting a Leave of Absence

To request a LOA, a graduate student shall:

1. Complete this LOA Request Form and submit it to the Dean's office of the Graduate student's academic college, or their designee; and
2. Meet with the appropriate Dean or their designee who is reviewing the leave request.

The graduate student must provide a written explanation of the reason for requesting a LOA, including, where appropriate, documentation to support the request. If the Dean finds good cause, a leave may be granted. Because every graduate student's situation is different, the terms of a leave will be determined individually, including the duration of leave, any restrictions from living in residence halls or coming on campus or attending events, and any conditions for the graduate student's eligibility to return to campus following the leave.

### Returning from a Leave of Absence

To return from a LOA, the graduate student must:

1. Provide written notice of the graduate student's intent to return to the Dean's office that granted the leave, by April 1 for Summer semester, July 1 for Fall semester, or December 1 for Spring semester; and
2. Demonstrate that the graduate student has met any conditions or requirements that were specified for the graduate student's return to the campus community.

### LOA Acknowledgement

In requesting a LOA, I acknowledge the following:

1. I have read and understand Catawba College's Graduate Student Leave of Absence Policy. (The full policy can be found in the student handbook).
2. The College's Transfer Credit Policy provides: "Normally, Catawba College will not pre-approve courses, or transfer credits back to Catawba College, for students who will be on a leave of absence when they enroll in such courses," and while on a LOA, a student may not normally take courses offered by Catawba College (including distant learning courses) unless the circumstances warrant otherwise as determined by the student's academic Dean's office.
3. I should consult, as needed, with the Office of Financial Assistance.

### Request for a Leave of Absence

I request a LOA for the following reason (please explain briefly in the space provided):

☐ Academic  
Research or  
Internship

☐ Personal and/or  
☐ Financial  
Military

☐ Other \_\_\_\_\_

Duration of requested leave: From (date) \_\_\_\_\_ to (date)  
\_\_\_\_\_

*(Note: The minimum duration of a leave must be for the remainder of the semester in which it is requested or one semester. Maximum duration of a leave is two consecutive semesters to be determined by the specific program of major.)*

Explain Request (provide documentation as needed):

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I have read the information above and have asked for any needed clarification and explanation. I accept these conditions and deadlines as part of my responsibilities in taking a graduate leave of absence from Catawba College. I agree to abide by these conditions, and I request that I be granted a leave of absence for the reasons stated above. I understand that my signing this form does not guarantee that I will receive a LOA from Catawba College.

Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Student ID#: \_\_\_\_\_

College: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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Leave of Absence Approval: ☐ Yes ☐ No

Dean/Designee Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Internal Office Only:

Director/Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Division Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Aid Director: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar: \_\_\_\_\_ Date: \_\_\_\_\_