

**SAMUEL MERRITT UNIVERSITY**

**OFFICE OF THE REGISTRAR**

3100 Telegraph Ave., Suite 1000

Oakland, CA 94609

Fax: 510-869-6204

**PETITION FOR A LEAVE OF ABSENCE**

**Please print.**

**Return leave of absence form to the Office of the Registrar after all signatures have been obtained.**

**Last day of class attendance:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
Name (First, Middle, Last) Academic Program

\_\_\_\_\_  
Address (Street, City, State, Zip Code)

\_\_\_\_\_  
Telephone # e-mail

Is this an address change? ( ) Yes ( ) No

I request a leave of absence for the following period of time:

from \_\_\_\_\_ to \_\_\_\_\_, returning \_\_\_\_\_ term (indicate the exact dates for which you are requesting a leave, if not a full term)

I will attend another institution during my leave: ( ) Yes ( ) No If yes, courses must have prior approval.

If you are currently enrolled in Samuel Merritt University health insurance (medical, dental and/or vision), do you wish to continue:

( ) Yes ( ) No \*The bill will be sent directly from Samuel Merritt University.

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\*\*\*\*\*

I understand Samuel Merritt University will withdraw me from the University if I do not return by the term/date indicated above.

\_\_\_\_\_  
Student Signature Date Signed

**Evidence of notification must be signed by:**

◆ Program or Department Chair \_\_\_\_\_  
Signature Date

◆ Instructor(s) (for students leaving during the term) use back of form if necessary  
\_\_\_\_\_  
Signature Course Date

◆ Financial Services/Student Accounts \_\_\_\_\_  
Signature Date

◆ Financial Aid \_\_\_\_\_  
Signature Date

◆ Library \_\_\_\_\_  
Signature Date