

LEAVE OF ABSENCE
AMERICA EVANGELICAL UNIVERSITY 463001
1204 W. 163rd St. - GARDENA, CA 90247

Student Name: _____ Student Key No: _____

Enrolled in _____ Start Date: _____

DATA AS OF THE DATE OF THIS REQUEST

Request Date: _____ Credit Hours Completed: _____

Current SAP Status Satisfactory Warning Probation Ineligible

Last class day attended: _____ Expected Class Day return Date: _____

Start Date LOA: _____ End Date of LOA: _____

For Financial Aid recipients, multiple leaves are limited to a total of **180 days of leave within a 12-month period**.
If the student does not return from the LOA as scheduled, the student will be withdrawn from school.

Important: IF the students fail to return from an approved leave of absence, the grace period for student loans will start the day after the last day of recorded attendance. Accordingly, loan payment will be due 6 months from LDA.

Reason for Request:

Based on the above circumstances, I request this leave of absence. **I understand that by failing to return as scheduled, my grace period in any student loans will commence the first day of my leave, and that my first payment on the loan will be due as stated in the promissory note on the 6th month from the first date of the approved leave of absence.**

Student Signature Date

FOR SCHOOL USE ONLY: Funding source _____ Family care required Health Problems

Request: Granted Denied Date _____ Financial problems Legal Problems

The student is a recipient of a student loan: Yes No Pregnancy Other _____

I certify that I am as the institutional official reasonably certain that the student will return from the approved LOA.

As the institutional official, I certify that the student (to the best of my knowledge) will be able return from the approved LOA to continue the course of study at the same academic point and SAP level as achieved at the start of the LOA.

School official signature & Title _____

FAO comment: _____

Returned or failed to return from an approved leave of absence data: (This is a critical step in the administration of Title IV funds, please secure its posting to the RGM system.

Date returned _____ Did not return as scheduled _____ Withdrawn posted into RGM system _____

New Expected Graduation date _____

Institutional Official's Signature Name and Title Date