

# Averett University

## Leave of Absence Form (Please print)

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Student ID # \_\_\_\_\_

Last Date of Class Attendance \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Institution Determined Leave Of Absence \_\_\_\_/\_\_\_\_/\_\_\_\_

Forwarding Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_ Cell Number (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Major \_\_\_\_\_

Current Status: (check all that apply)

Freshman	_____	Junior	_____	Resident	_____	Part-Time	_____
Sophomore	_____	Senior	_____	Commuter	_____	Full-Time	_____

Reason(s) for leaving:

\_\_\_\_\_  
\_\_\_\_\_

When do you plan to return to Averett?

\_\_\_\_\_this semester \_\_\_\_\_next semester \_\_\_\_\_when released from physician or military duty

**Personal**

Health-related problem (family or personal) \_\_\_\_\_  
Marital situation changed my educational plans \_\_\_\_\_  
Uncertain about the value of an Averett education \_\_\_\_\_  
Experienced emotional problems \_\_\_\_\_

**Academic**

Dissatisfied with my grades \_\_\_\_\_

**Financial**

Tuition & fees were more than I could afford \_\_\_\_\_

**Employment**

Conflict between demands of job and college \_\_\_\_\_

Other, please specify:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments of the Dean of Students:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_