



SEATTLE UNIVERSITY

OFFICE OF THE REGISTRAR

901 12th Avenue
P.O. Box 222000
Seattle, WA 98122-1090
(206) 220-8030; Fax: (206) 296-2443
Email: registrar@seattleu.edu

STUDENT LEAVE-OF-ABSENCE RMRULANC

~ Print in Ink ~

PURPOSE: Seattle University (SU) acknowledges that students may encounter situations which require interruption of continuous enrollment. Recognizing this, SU provides the option of a Student Leave-of-Absence (SLOA). SLOA is an exception to the continuous registration requirement of the University. To view the policy on-line, go to <https://www.seattleu.edu/registrar/> and click on Academic Policies.

Note: This form will not drop or withdraw you from course(s).

STUDENT INSTRUCTIONS:

- Contact your academic advisor to initiate and review the Student Leave-of-Absence form and review associated policies and procedures.
- Contact applicable offices below and obtain approval signatures.
- Update your mailing address on SUOnline.
- Submit the completed form to your Dean's office for approval.
- Contact your Dean's office when you are ready to return to Seattle University.

Seattle U ID: _____ Phone Number: (_____) _____ SU Email: _____@seattleu.edu
Area Code

Student Legal Name: _____ Personal Email: _____@_____
Last First Middle

College or School of major: ASC BUE EDU NCS NUR SCE STM Major or Program _____

Term/Year of Departure: (e.g., Spring 2021) (Fill in year): Fall _____ Winter _____ Spring _____ Summer _____
Year Year Year Year

Term/Year of Intended Return: (e.g., Winter 2022) (Fill in year): Fall _____ Winter _____ Spring _____ Summer _____
Year Year Year Year
(may not be more than four quarters)

▶ **Student or Initiator's Signature:** _____ **Date:** _____

By submitting this form, you are acknowledging that you may be subject to the readmission processes as outlined in the Student Leave of Absence Policy.

A Leave-of-Absence may affect the following statuses – a signature is required for each box checked below):

✓ **CHECK ALL THAT APPLY**

- | | | |
|---|--|-------|
| <input type="checkbox"/> I am receiving financial aid and/or scholarships | _____ | _____ |
| | (STUDENT FINANCIAL SERVICES) | DATE |
| <input type="checkbox"/> I am a participant in intercollegiate athletics | _____ | _____ |
| | (ATHLETIC ADMINISTRATOR) | DATE |
| <input type="checkbox"/> I am an International Student with an F1 or J-1 Visa | _____ | _____ |
| | (INTERNATIONAL STUDENT CENTER IMMIGRATION ADVISOR) | DATE |
| <input type="checkbox"/> I am a participant in ROTC | _____ | _____ |
| | (ROTC ADMINISTRATOR) | DATE |
| <input type="checkbox"/> I am living in campus housing | _____ | _____ |
| | (HOUSING OFFICE- CAMPION 100) | DATE |

▶ **SIGNATURE OF ASSOCIATE DEAN or Designee:** _____ **Date:** _____

02/11/2020

REGISTRAR'S OFFICE USE ONLY

Processed by: _____
Date: _____