



# SEATTLE UNIVERSITY

OFFICE OF THE REGISTRAR  
901 12<sup>th</sup> Avenue  
P.O. Box 222000  
Seattle, WA 98122-1090  
(206) 220-8030; Fax: (206) 296-2443  
Email: [registrar@seattleu.edu](mailto: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.

Student ID Number: \_\_\_\_\_ 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:** \_\_\_\_\_

09/11/2019

REGISTRAR'S OFFICE USE ONLY

Processed by: \_\_\_\_\_  
Date: \_\_\_\_\_