



NOTRE DAME  
OF MARYLAND  
UNIVERSITY

## Institutional Leave of Absence Form

\*This is for students who want to take a short leave from the school.

**Student ID :** \_\_\_\_\_ **Name :** \_\_\_\_\_  
Last First

**Please check your program:**  Women's College  College of Adult Undergraduate Studies  Graduate Studies  Pharmacy

**Advisor :** \_\_\_\_\_

**Home or Forwarding Address :**

Street / P.O. Box	Street / P.O. Box
City	State, ZIP

**Preferred Phone Number** \_\_\_\_\_ **This is :**  Home  Cell  Work

I request permission For:  **Study Abroad (non-NDMU sponsored)**  
 **Leave of Absence (LOA may only be requested for up to 180 days)**

Indicate effective dates Year /Semester for Study abroad or LOA \_\_\_\_\_

**Reason for LOA :**

- Academic  Administrative  Advisor issues  Financial aid issues  Personal financial  
 Medical  Personal  Other \_\_\_\_\_

**GRADE REPORTS AND TRANSCRIPTS WILL BE ISSUED ONLY IF YOUR ACCOUNT WITH THE UNIVERSITY IS CLEAR.  
 ALL SIGNATURES MUST BE OBTAINED BELOW BEFORE PROCESSING OCCURS.**

**By my signatures I acknowledge my responsibility for Payment of the tuition and fees generated. I have read and understand the University policies with respect to Leave of Absence and cost as posted on the University Billing, Registration, Course and Exam Schedule webpage.**

Student Signature	Date
Financial Aid Signature	Date
Business Office Signature	Date
Academic Advisor/ Director of CAUS/ Graduate Studies/ Dean Signatures	Date

**For Office Use ONLY**

**Date Received :**  **Date Completed :**  **Initials :**

**PLEASE RETURN/SUBMIT ALL COPIES OF THIS SIGNED FORM TO THE REGISTRAR'S OFFICE FOR PROCESSING.**