

HILBERT COLLEGE

REQUEST FOR LEAVE OF ABSENCE

Name: _____

Student ID#: _____

Academic Major: _____

Planned Semester of Return: _____

Primary Reason for Request: _____

(In cases of Leave of Absence for medical reasons, documentation from the healthcare provider supporting reinstatement may be required.)

Student Signature: _____ Date: _____

Department Chair: _____ Date: _____

Undergraduate students may request a leave of absence from Hilbert College for a stipulated period of time; not to exceed two consecutive academic semesters.

Students enrolled in the Graduate Studies program may request a leave of absence from Hilbert College for one academic cycle.

NOTE: This request will not be reviewed if students are on academic dismissal or probation, have been subject to disciplinary action, have not met their financial obligations to the College, or are in arrears on student loans.