Leave of Absence Request

Student Name:		GCU Student No	GCU Student Number:	
	L	OA Request Dates		
Start: [Mid-Course: Day After Las [End of Course: Day Afte	t Date of Class Att	endance] [Day Before the Sta	art Date of Scheduled Return Course] dance on the first day of class	
Reason for Leave of Abs	ence Request (co	omplete for all LOAs includ	ing mid-course LOAs):	
Personal	Medical	Course Availability	Student Teaching	
If requesting a third LOA	\ within any 12-r	month period, please decri	be the extenuating circumstance:	
date of the leave, pleas form on time.	e describe the u	nforeseen circumstance th	at precluded you from signing this	
By signing below, I affire	n the following:			
or student teaching. For mid-course, I m current course. For end-of-course, I am allowed up t documentation of e within that time per If I received Title I' from the University If I received Title IV	must submit this o two 60 day lextenuating circuriod. V funds and do for financial aid to anticipated re	request on or before my s request on or before the close to the lower that would allow not return from my LOA, purposes and a refund call of return from my LOA, the total of the lower than the lower th	last date of attendance in my end date of my current course. h period unless I can provide w me to request a third LOA I will be considered withdrawn culation will be completed. he number of days from my last enst my grace period for Title IV	
Student Signature:		Data		

NOTE: HANDWRITTEN SIGNATURE REQUIRED – TYPED/ELECTRONIC SIGNATURE NOT ACCEPTED

Please return this signed form to your GCU Student Services Counselor