## Leave of Absence Request Natural Disaster

| Student Name: G  | CU Student Number:  |
|--|---|
| LOA Request Dates  |   |
| Start: [Mid-Course: Day after last date of class attendance] [End of Course: Day after course end date]  | End: [Day before the start date of scheduled return course]   |
| If requesting a mid-course or an end of course LOA, deprecluded the student from submitting this form on t   |   |
| AFFECTED BY THE FOLLOWING NATURAL DISASTER:  |   |
| Student Services Counselor Comments:   |   |
|  |   |
|  |   |
|  |   |
| By Signing below, I affirm the following:  |   |
| <ul> <li>My leave of absence cannot be for more than 60 of For Mid-Course, I must submit this request on of current course.</li> <li>For End of Course, I must submit this request on of I am allowed up to two 60 day LOAs within documentation of extenuating circumstances the within that time period.</li> <li>If I do not return from my LOA, I will be confinancial aid purposes and a refund calculation we If I do not return from my LOA, the number of anticipated return date will count against my purposes.</li> </ul> | or before my last date of attendance in my or before the end date of my current course. any 12-month period unless I can provide at would allow me to request a third LOA sidered withdrawn from the University for ill be completed.  If days from my last date of attendance to |
| Student Signature:   | Date:   |
| Student Services Counselor Signature:  | Date:   |
| (Student Services Counselor is able to sign on behalf of the   | student in the event student cannot sign)   |

NOTE: Signing electronically via Adobe is acceptable

P0209012020