☐ **Glendale Campus (Main)**
710 S Central Ave., Glendale, CA 91204
Tel: (213) 487-2211 • Fax: (213) 487-2299

☐ **City of Industry Campus (Branch)**
17595 Almahurst St. Ste 101-3, City of Industry, CA 91748
Tel: (626) 965-5566 • Fax: (626) 965-1166

REQUEST FOR LEAVE OF ABSENCE (LOA)

To request a Leave of Absence (LOA), please complete the form below and submit it to the Registrar's Office. Before submitting your request, please review the LOA policy outlined in the University Catalog.

To be eligible for an LOA, a student must have completed at least one quarter of their degree program or one term of their certificate program. Additionally, students must have a cumulative GPA of 2.0 or higher and generally may not have an outstanding balance, unless an exception is approved.

Please note that submitting this form does not guarantee approval of your LOA request. Once this form is completed and you have met with the Financial Aid Office, the Business Office, and, for F-1 students, the Designated School Official (DSO), return this form to the Registrar's Office.

Student's Name: (Print)				Phone:	
Email Address:				ID#:	
Program:	(Select program)			Cohort:	
Completed by last day of class:			Units (Degree) or		Hours (Certificate)

I am applying for a leave of absence due to:

☐ Emergency ☐ Pregnancy ☐ Military Duty

☐ Illness ☐ Death of an immediate family member ☐ Other: _____

☐ Program progression (unmet clinical requirements, no available clinical placement, or TEAS/ATI retake)

Period of Leave Requested	
From:	Anticipated Return:
Have you taken an LOA at Angeles University before? ☐No ☐Yes – Date(s): _____	
Do you receive federal financial aid (grants or loans)? ☐No ☐Yes ☐Not sure	
Are you an international student (F-1 status)? ☐No ☐Yes *(meet with the DSO before your leave begins)*	

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To be completed by student. Please explain the need for a leave of absence from study.

(attach additional sheets as necessary)

Please provide applicable documentation along with your form (e.g., doctor's note, military orders, death certificate or obituary, or clinical/testing records).

I attest that the information provided above is true and accurate. I understand that my LOA request is subject to University policy and may be denied. I also understand that if my LOA is approved and I do not return by the approved return date, or do not meet the conditions for my return, I will be considered as withdrawn from the University. I understand that an LOA may affect my federal student loan repayment and grace period. If I am an F-1 student, I also understand that LOA approval does not guarantee the continuation of my F-1 status or my ability to remain in the United States.

_____ _____

Student Signature Date

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For Office Use

Reviewed by:

Date received by Registrar: _____

Cumulative GPA: _____ Last date of attendance (LDA): _____

Prior LOAs: _____ LOA in past 12 months: ☐ No ☐ Yes Days used (past 12 mo.): _____

_____	_____	_____
Registrar (Print)	Signature	Date
_____	_____	_____
Financial Aid Office (Print)	Signature	Date

Title IV Recipient: ☐ Yes ☐ No

_____	_____	_____
Business Office (Print)	Signature	Date

Outstanding balance: ☐ None ☐ Yes – $_____ ☐ Exception approved

_____	_____	_____
Designated School Official (Print)	Signature	Date

☐ N/A – not F-1 SEVIS action taken: _____

Approved by:

☐ Request Approved ☐ Request not Approved

_____	_____	_____
Program Director / School Administrator / Designee (Print)	Signature	Date

Approved leave: From _____ To (approved return date) _____

Return to (quarter/term): _____

Conditions for return (e.g., medical clearance, clinical compliance): _____

Maximum return date (180 days) for Title IV recipients: _____

Reason for support or denial of this request.

(attach additional sheets as necessary)