

**SAINT ANTHONY COLLEGE OF NURSING - ROCKFORD, ILLINOIS
BSN REQUEST FOR LEAVE OF ABSENCE FORM--POLICY 336**

STUDENT: You must acquire all required signatures and return completed form to the Supervisor of Enrollment Management.

Student's Name _____ Enrollment Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please check the REASON for requesting a LEAVE of ABSENCE. Explain each reason as fully as possible.

____ Health _____

____ Academic difficulty _____

____ Personal _____

____ Other, please explain _____

Students receiving financial aid, please check all that apply:

ISAC-Monetary Award ____ Pell Grant ____ Student Loans ____ V.A. Benefits ____ Other ____ *Please explain:*

Has the Front Desk received the following items? (Front Desk Personnel Initials _____)

Mailbox key _____ iclicker _____ Student ID _____

Last Day of Class Attended (if currently attending class): _____

Student Signature _____ Date _____

Bursar Signature _____ Date _____

Advisor Signature _____ Date _____

Financial Aid Officer Signature _____ Date _____

Associate Dean, Support Services, Signature _____ Date _____

Dean, Undergraduate Affairs, Signature _____ Date _____

For Office Use Only

Chair of Undergraduate Admission & Progression Committee Signature _____ Date _____

LOA Approved by Undergraduate Admission & Progression Committee: Yes _____ No _____

Return Approved by Undergraduate Admission & Progression Committee: Yes _____ No _____

Date LOA Effective: _____ *Date of Planned Return:* _____

Supervisor of Enrollment Management: ____ Entered in Sonis Web Leave Status Screen ____ Changed Email fields in Sonis Web Bio
____ Notified Add/Drop Group & Faculty/Advisor