

DNP PETITION FOR EXCEPTION/LEAVE OF ABSENCE

STUDENT NAME

STUDENT ID #

DATE

CURRENT ADDRESS W/STREET, CITY, STATE, ZIP

E-MAIL

HOME PHONE

WORK PHONE

REASON FOR REQUEST:

- Leave of Absence
Semester (s) requesting leave _____ Will Return _____
- Leave of Absence Considerations
 - If you are currently receiving Financial Aid, have you met with that office and discussed ramifications for said leave?
 - Are you all paid up at the Cashiers Office? If you are taking a leave, be sure you are not enrolled for that semester and that you do not owe any money.
 - If you are an International student, have you met with that office and discussed ramifications for taking a leave.
- Other

JUSTIFICATION FOR PETITION (additional sheets may be used):

If you are making a request that will change your program of study, please be aware that future course placement will be on a space available basis.

Date of Application

Student Signature

Faculty/Mentor Advisor

This request will be reviewed at the next Student Affairs Committee meeting and a final decision will be mailed to you.
7/19/07; 9/1/10