

SAMUEL MERRITT UNIVERSITY

OFFICE OF THE REGISTRAR

450 30th St., Suite 2802

Oakland, CA 94609

Fax: 510-869-6204

PETITION FOR A LEAVE OF ABSENCE

Please print.

Name (First, Middle, Last) I.D. Number Academic Program

Address (Street, City, State, Zip Code)

Telephone # e-mail

Is this an address change? () Yes () No

I request a leave of absence for the following period of time:

from _____ to _____, returning _____ term (indicate the exact dates for which you are requesting a leave, if not a full term)

Samuel Merritt University will withdraw a student from the University if he/she does not return by the term/date indicated above.

I will attend another institution during my leave: () Yes () No If yes, courses must have prior approval.

If you are currently enrolled in Samuel Merritt University health insurance (medical, dental and/or vision), do you wish to continue:

() Yes () No *The bill will be sent directly from Samuel Merritt University.

I understand Samuel Merritt University will withdraw me from the University if I do not return by the term/date indicated above.

Student Signature Date Signed

Clearance must be obtained from the following offices before the petition can be approved:

◆ Program or Department Chair _____
Signature Date

◆ Instructor(s) (for students leaving during the term). *Please indicate last day of class attendance, use back of form if necessary

Signature Course Date

◆ Financial Services/Student Accounts _____
Signature Date

◆ Financial Aid _____
Signature Date

◆ Library _____
Signature Date

◆ Vice President Enrollment & Student Services _____
Signature Date