



LEAVE OF ABSENCE (LOA) FORM

NAME _____ STUDENT ID#: _____
Last First MI

CAMPUS _____

DEGREE: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

REASON FOR LOA WITHDRAWAL REQUEST: (Valid documentation must be provided in order to authorize LOA)

- Medical
- Employment
- Military

** An administrative fee will be not assessed to students who have an approved LOA from Schiller International University unless they do not return as scheduled. In the event a student does not return they will be charged according to the following fee schedule:*

Heidelberg, Madrid and Paris Campus: 81.00 EUROS Florida and Online Campus: 100.00 USD

The student must complete a new Financial Aid Award Letter (for those receiving Financial Aid) to be eligible for LOA approval. All students must complete one full semester prior to being eligible to apply for a LOA. In addition, the student must contact the following departments to discuss the consequences of taking an LOA and to secure signatures from each department representative.

Student Services _____ Registrar _____ Financial Aid _____
Bursar _____ DSO (for International Students in Florida) _____

I have read the LOA Policy and understand I must return as scheduled or be withdrawn from the University.

STUDENT SIGNATURE _____

TODAY'S DATE: _____

LOA Requested Time frame:

Effective Date: _____

Return Date: _____

REGISTRAR'S OFFICE ONLY

Certified Date of Withdrawal: _____ Certified Last Date of Attendance: _____

FA Completion Date: _____ Registrar Approved/Denied: _____

LOA Request Received Date: _____ Registrar's Signature and Date: _____