PEPPERDINE
School of Education and Psychology

LEAVE OF ABSENCE REQUEST

Students may petition to take a leave of absence for **one term only**. Students who wish to take a term break from enrollment must submit a written request for an approved official leave of absence prior to registration for a term. Leave of absence requests **must be submitted prior to the end of the add/drop period to be effective for the given term;** otherwise, it will be effective for the subsequent term. Students who register for classes and then decide to take a leave of absence will be assessed a **$150 withdrawal fee**. Students who are absent for a term without submitting a written request for a leave are not considered to be on an approved official leave of absence. Students who extend their leave of absence for more than one term must abide by the Readmission policy outlined in the academic catalog.

International students in F-1 visa status must obtain clearance from the Office of International Student Services (OISS) before requesting a leave of absence or returning from a leave of absence.

PsyD students who need to take a leave of absence must also submit a formal petition to the PsyD Executive committee. Readmission after a leave of absence is subject to approval by the PsyD Executive committee.

As a result of a leave of absence, your expected graduation date and financial aid may be adjusted. Please consult with the GSEP Financial Aid Office to review how this leave of absence may impactt current and future financial aid eligibility.

Complete and return this form to your academic advisor prior to registration. Be sure to consult the GSEP Academic Catalog applicable to your term of entry for further details regarding a leave of absence from your program.

Student Name: _____ CWID: _____

Academic Program: _____ Phone: _____

Reason for Leave: _____

Leave from: □ **Fall** (Sept.) □ **Winter** (Jan./Online only) ○ **Spring** (Jan.) □ **Summer** (May) **Year** _____
Return/re-enroll: □ **Fall** (Sept.) □ **Winter** (Jan./Online only) ○ **Spring** (Jan.) □ **Summer** (May) **Year** _____

E-mail during leave: _____

By signing below, I acknowledge that I understand the statements provided above.

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY

Academic Advisor Signature: _____ Date: _____

Associate Director, Student Services: _____ Date: _____