

## Student Leave of Absence (LOA)

Name: \_\_\_\_\_

Student Id: \_\_\_\_\_

Primary Academic Unit: \_\_\_\_\_

Local mailing address: \_\_\_\_\_

MU email address: \_\_\_\_\_

Personal email address: \_\_\_\_\_

Back up contact: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Emergency contact's information- telephone, email, address)

### Leave requested

Reason: *Select the primary reason for this request.*

\_\_\_\_ Health (physical or mental)

\_\_\_\_ Personal (family circumstances)

\_\_\_\_ Academic

\_\_\_\_ Military (*orders required*)

Term information: *Select one option for the current term.*

#### **ONLY FOR THOSE GOING ON MILITARY LEAVE.**

\_\_\_\_\_ Withdraw from all courses for the term (official transcript will indicate the withdrawn courses, withdrawal date, and reason for withdrawing.)

\_\_\_\_\_ Drop for all courses for the term (drop courses will not appear on your transcript)

\_\_\_\_\_ Receive "incompletes" in all course for the current term.

\_\_\_\_ Foreign Aid Service (e.g. Peace Corp)

\_\_\_\_ Church Mission

\_\_\_\_ Other (*Please provide explanation below of the reason requesting a leave of absence.*)

\_\_\_\_\_

Start date of Leave of Absence: \_\_\_\_\_

Anticipated return date: \_\_\_\_\_

Expected graduation term (if known): \_\_\_\_\_

Plan for return (if known): \_\_\_\_\_

### **Student Agreement**

If my LOA request is approved, I understand and agree to the following:

- I am required to abide by the conditions of the Student Leave of Absence Policy including leave options, eligibility criteria, and time limits.
- I am required to monitor my MU email account and to respond to communications regarding my student status.
- I consent to have university personnel contact my back-up contact to reach me regarding this LOA if they are unable to reach me otherwise.
- Depending on the length of my absence, I understand and agree that I may be required to abide by different graduation requirements and tuition and fee schedules that apply upon my return.
- I understand that, if I am leaving prior to the end of the semester, the LOA does not alter university grading policy and I authorize the Office of the University Registrar to withdraw me from any courses for which I am still enrolled and that have not already ended.
- I understand that if I don't return within 180 days, and am a recipient of Federal Student Loans, my loans will go into repayment.
- I understand that I may owe some of my financial aid back that I received if I don't return within 180 days.
- I understand that, if I am leaving prior to the end of the semester, the fee reassessment schedule applies to my tuition and fees.
- I understand it is my responsibility to cancel any residence hall and dining contracts.

I acknowledge that I have read and understand the statements above.

\_\_\_\_\_

Student's signature

Please submit completed form to the Cares Team ([careteam@missouri.edu](mailto:careteam@missouri.edu)).

### **Recommendation:**

Leave of absence decision

\_\_\_\_ Approved

\_\_\_\_ Denied

Date of Decision: \_\_\_\_\_

Comments: