



CENTER FOR STUDENT SUCCESS

ACADEMIC  
ADVISING

DISABILITY  
SERVICES

LEARNING  
Zone

Elizabethtown College

LEAVE OF ABSENCE FROM THE COLLEGE

Return completed form to: Center for Student Success, BSC 216. Attach a written explanation for your request to initiate a Leave of Absence. If you have any questions, please contact the Center at (717) 361-1405.

IMPORTANT: If you are currently enrolled for the semester you plan to take your leave, you will be withdrawn from all classes.

Name \_\_\_\_\_ ID# \_\_\_\_\_  
Last First MI

Major \_\_\_\_\_ Advisor \_\_\_\_\_

Semester initiating leave \_\_\_\_\_ Semester returning \_\_\_\_\_

While on leave, your registration material will be sent via your Elizabethtown e-mail address.

E-mail \_\_\_\_\_@etown.edu

Mailing address while on leave:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

I certify that to the best of my knowledge, the information furnished in this application is true and accurate.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_\*

\*Completed application must be returned within five business days of above date.

You **must** have the signatures below for your application to be reviewed.

Business Office (required) \_\_\_\_\_ Date \_\_\_\_\_

Financial Aid (required) \_\_\_\_\_ Date \_\_\_\_\_

Advisor/Department Designee (recommended, but not required) \_\_\_\_\_ Date \_\_\_\_\_

International Student Officer (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

-----FOR OFFICE USE ONLY-----

Center for Student Success Staff \_\_\_\_\_ Date \_\_\_\_\_

Director, Center for Student Success \_\_\_\_\_ Date \_\_\_\_\_

<i>Please initial &amp; date status and when notification was sent.</i>			
<b>Status:</b>	Approved _____	Denied _____	
	Hold Yes ___ No ___	Notification sent _____	