



REQUEST FOR LEAVE OF ABSENCE

Date _____

STUDENT NAME _____ ID # _____

Major _____ Faculty Advisor _____

THE ABOVE STUDENT IS REQUESTING A LEAVE OF ABSENCE FROM THE COLLEGE FOR THE FOLLOWING REASONS:

___ Medical ___ Family ___ Personal

Please explain:

Please visit the following offices for clearance:

Financial Aid _____
Office of Housing and Residence Life _____ (IF A RESIDENT)
Registrar /Student Accounts _____

I plan to return to the College Mount Saint Vincent in the Fall/Spring of _____.
The student has provided the following documentation to support the leave of absence.

The student MUST contact the Dean of the College and his/her advisor upon the return to the College.

Leave of Absence approved on:

Date _____

Dean of the College _____

INFORMATION REGARDING REFUNDS: The date of refund credit shall be considered the day on which the College receives satisfactory written notification of withdrawal from the student. No refunds are made to a full-time matriculated student for withdrawal from an individual course. Students who have excess credits will be charged for credits in courses from which they have withdrawn. A student ordinarily can expect to receive a refund not later than the end of a 30-day period after the College has received official notification of withdrawal. The following tuition refund schedule is applicable:

Regular Sessions Fall and Spring Terms Refund
1st Week of 100
2nd Week of 80%
3rd Week of 60%
4th Week of 40%
5th Week of Classes and thereafter no refund

Winter and Summer Sessions: No refund after classes have begun