

REQUEST FOR LEAVE OF ABSENCE (HIATUS)



STUDENT INFORMATION

Name: _____ Student Number: _____ Phone: _____

Current Local Address: _____ City/State: _____ Zip Code: _____

Calvin E-mail Address: _____@students.calvin.edu Current Cumulative GPA: _____

Address while on hiatus (if known): _____

Begin hiatus status: term _____ month/year _____ Return to Calvin: term _____ month/year _____
fall, interim, spring fall, interim, spring

PROVISIONS

Students may request an official leave of absence from Calvin College for a specific academic term.

A leave of absence will: eliminate re-application paperwork/process upon return and will maintain Calvin student accounts.

A leave of absence will not: maintain status as an active or enrolled student – requests for verification of enrollment cannot be honored.

Students will be reported as withdrawn to the National Student Clearinghouse, which may result in loan repayment being required.

QUALIFICATIONS

A leave of absence is approved only in exceptional circumstances. Students that are not eligible for a leave of absence will need to reapply to Calvin when they wish to return.

Students with the following circumstances **will be considered** for a leave of absence include (provide details below):

- Medical needs.
- Participation in an off-campus program that is not endorsed or approved by Calvin College.
- Compassionate reasons affecting immediate family.
- Reserve military service training for a period of one term.
- Course(s) needed for graduation not offered until a future term.

Students with the following circumstances **will not be considered** for a leave of absence:

- Students on academic probation.
- International student status - not eligible due to I-20 termination.
- Enrollment at another college during period of leave (unless a part of an off-campus program, as above).
- Requests for more than one semester.

LEAVE OF ABSENCE (HIATUS) INFORMATION: Briefly summarize your reason for requesting a leave of absence:

SIGNATURE

I will register for courses during my scheduled registration time for the semester that I plan to return to Calvin – (list term/year): _____
I understand that if I do not register at this time, my hiatus status could expire and I may be asked to apply for re-admission to Calvin College. I also understand that I will not be officially enrolled at Calvin and will not receive any financial aid during this time.

Student's Signature: _____ Signature Date: _____

Approval – submit to the registrar's office	
Student Life _____	Registrar _____
Financial Services _____	Complete _____