Leave of Absence

Office of the Registrar

Please complete, print, and submit with all required signatures to:

Valparaiso University | Office of the Registrar | 1700 Chapel Drive | Kretzmann Hall | Valparaiso, IN 46383

Phone: (219) 464 - 5212 | Email: registrar@valpo.edu | Hours: Monday - Friday, 8:00 AM - 5:00 PM Central Time

Eligibility

At the end of a semester, students who have completed at least one full semester of work in residence and who are in good academic standing as determined by the dean of their college may apply for a leave of absence. Leaves are not given to students who withdraw from the University during a semester. Requests for a leave of absence must be completed and on file in the Office of the Registrar before the beginning of the semester in which the leave is to take effect. A leave cannot exceed 180 days during a 12 month period.

Students who are Title IV loan recipients must contact the Office of Financial Aid prior to being granted leave for an explanation of the effects on loan repayment terms and the expiration of the student's grace period, should they fail to return from the leave.

Student Information

VU ID # _____ Full Name _____

Please type or print your name as it is officially recorded with Valparaiso University: Family/Last Name, Given/First Name Middle Name Maiden/Former Name

Email Address _____ Phone _____

Mailing Address

Address _____ Address Line 2 _____

City _____ State Indiana _____ Zip Code _____

Academic Information

Semester Leaving Valpo ◯Fall ◯Spring ◯Summer I ◯Summer II Year ☐☐☐☐ Leave must not exceed 180 days in a 12 month period.

Semester Returning to Valpo ◯Fall ◯Spring ◯Summer I ◯Summer II Year ☐☐☐☐ Leave must not exceed 180 days in a 12 month period.

College _____ Present Class Standing _____

Major(s) _____ Good academic standing is required to be eligible to take a leave of absence.

Primary Advisor - 1st Maj _____ Class Standing Expected Upon Return _____

Reason for Request

Required Signatures

Student _____ Date _____

Primary Advisor - 1st Maj _____ Date _____

Academic Dean _____ Date _____

Manager, Student Loans and Accounts _____ Date _____

Director of Financial Aid _____ Date _____

Housing Office Secretary *This signature is necessary if student is now receiving Financial Aid or expects to receive Financial Aid on return.* _____ Date _____

Director, International Studies *This signature is necessary if student is now housed in a University residence or expects to apply for housing on return.* _____ Date _____