

**LEAVE of ABSENCE (LOA) FORM**

**NAME:** \_\_\_\_\_ **Student ID #:** \_\_\_\_\_  
Last First MI found on Goucher OneCard

Last Year and Term of Attendance: \_\_\_\_\_

Year and Term of Expected Return: \_\_\_\_\_

**Please note:** there is a limit of two semesters of leave; after that Student must reapply.

**Reason for Leave** (*required* – please check one)

- \_\_\_\_\_ Medical
- \_\_\_\_\_ Events related to COVID (please briefly explain): \_\_\_\_\_
- \_\_\_\_\_ Other (please explain): \_\_\_\_\_

***Please note:***

- A Student in good standing may request a leave for one or two semesters during the pursuit of a graduate degree.
- Leave begins at the end of a regular semester.
- Student is expected to return at conclusion of the leave, or request an extension of the leave, if eligible.
- Correspondence from the College will be through Goucher email or by mail to current permanent address on record.
- Registration information is sent to students' Goucher email in late March or early April for fall semester, and in late October or early November for spring semester.
- Visit the Registrar's Policies page for details on policies & procedures: <https://www.goucher.edu/registrar/policies/>
- For student receiving financial aid: taking leave may affect aid. Please consult with [finaid@goucher.edu](mailto:finaid@goucher.edu)
- Students who do not remit this form are withdrawn from Goucher and must request reinstatement if wishing to return.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(REQUIRED)

**Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(REQUIRED)

**STUDENT: Please obtain Advisor's signature, then submit completed form to:**

[Registrar@goucher.edu](mailto:Registrar@goucher.edu)

or fax to 410-337-3111; or mail to Registrar, Goucher College, Dorsey 207, 1021 Dulaney Valley Road, Baltimore, MD 21286