Leave of Absence (LOA) Form
Office of the Registrar

A student in good academic and financial standing may request a leave for one or two semesters. A leave begins at the end of a regular semester, and shall not be granted for more than two semesters during the pursuit of the undergraduate degree. The student is expected to return at the conclusion of the leave or to request an extension of the leave. A leave will not be granted or will be rescinded if the student is suspended.

Students who are seeking a leave of absence should work with the Office of Student Support and Outreach to review the leave of absence procedure and coordinate their leave.

Students who do not return this form, or do not return at the conclusion of the approved leave period, are withdrawn from the college and must request reinstatement if they wish to return.

To be granted a leave of absence a student must:

☐ complete this LOA form
☐ for international students in F-1 status – notify the international student advisor
☐ for non-Goucher study abroad applicants – obtain approval from Office of International Studies
☐ meet with the Office of Student Support and Outreach, if possible, to review the LOA process
☐ return the completed form to the Office of the Registrar

Confirmation of Leaves of Absence and all official correspondence from Goucher College will be through the student’s Goucher email address or by mail to the last permanent address noted on the student record.

-------------------------------------------------------------------------------------------------------------------

Student ID# ___________________ Student Name ________________________

Last name (please print) _______ First name ________ Middle I. _______

Last Year and Term of Attendance: ____________ Year and Term of Expected Return: ____________
(a limit of two total semesters of leave of absence is permitted during the pursuit of the undergraduate degree)

Reason(s) for leave:

☐ Medical ________________________________

☐ Study Abroad (non-Goucher) ________________

☐ Other _________________________________

Student Signature: _________________________ Date: _____________________

Comments: ____________________________________________________________________________

-------------------------------------------------------------------------------------------------------------------

Signatures

__________________________________________ Date _____________________
Associate Director of Student Support and Outreach

__________________________________________ Date _____________________
Director of the Office of Global Studies (for non-Goucher study abroad program only)

Return completed request in person, by mail, fax, or scan to email
Office of the Registrar, Goucher College
1021 Dulaney Valley Road, Baltimore, MD 21204
Email: registrar@goucher.edu | Phone: 410-337-6090 | Fax: 410-337-3111