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GOUCHER | college  
**Official Leave of Absence (LOA) Form**  
Office of the Registrar

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**(This form is not for suspension.)**

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. The student is expected to return at the conclusion of the leave or to request an extension of the leave. **Students who do not return this form are withdrawn from the college and must request reinstatement if they wish to return.**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
- international students in F-1 status must notify the international student advisor
- obtain approval of International Studies if a non-Goucher study abroad applicant
- return the completed form to the Office of the Registrar.

Correspondence from Goucher College will be through your Goucher email address or by mail to the last permanent address noted on your student record.

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**Student ID#** \_\_\_\_\_

**Student Name**

\_\_\_\_\_

<b>Last name</b> (please print)	<b>First name</b>	<b>Middle I.</b>
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**Last Year and Term of Attendance:** \_\_\_\_\_ **Year and Term of Expected Return:** \_\_\_\_\_  
(limit of two semesters of leave of absence during the pursuit of the undergraduate degree)

**Reason(s) for leave:**

**Medical** \_\_\_\_\_

**Study Abroad** (non-Goucher) \_\_\_\_\_

**Other** \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_

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**For Office Use :**

**Signatures**

\_\_\_\_\_  
Associate Director of Student Support and Outreach Date

\_\_\_\_\_  
Assoc. Provost for International Studies (for non-Goucher study abroad program only) Date

\_\_\_\_\_  
Financial Aid Date

\_\_\_\_\_  
Bursar Date

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

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1/10/2019

For Office Use Only

Staff: \_\_\_\_\_

Date: \_\_\_\_\_