

**PINE MANOR COLLEGE
OFFICE OF INSTITUTIONAL RESEARCH, RECORDS & REGISTRAR
REQUEST FOR LEAVE OF ABSENCE**

Name: _____

Student ID #: _____

Permanent Address:

_____ Street

_____ City State Zip Code

Country: _____

Circle One: Resident or Commuter

Residence at Pine Manor College: _____
Village House Room #

Commuter Address: _____

Entrance Date: _____

Major: _____

Academic Advisor: _____

Reason for Leave of Absence Request:

_____ Personal _____ Transfer to: _____
_____ Medical _____ Other: _____
_____ Financial

- Leaves of absences are not processed until the student and Registrar sign this form.
- Please note that all International students must meet with the International Student Advisor.

By signing this form and obtaining the signatures of the offices below, I acknowledge that I am voluntarily taking a Leave of Absence from Pine Manor College. I understand that this action will change my enrollment status and that it is my responsibility to follow-up with each of these offices to resolve any outstanding obligations.

Student: _____

Director of Student Accounts: _____

Director or Assistant Director of Financial Aid: _____

Residence Life: _____

Associate Dean for Student Success and Academic Services: _____

Registrar: _____

.....
For Office Use Only

Effective Date: _____

LOA Begin Date: _____ LOA Return Date: _____

Received By: _____ Date: _____