



Leave of Absence Request Form

Student Personal Information – All Fields Required

Name: _____ SMU ID: _____

Class Year: _____

School: _____ *Major: _____

Contact Information While on Leave:

Mailing Address: _____

Telephone Number: _____ Cellular Number: _____

Preferred Email Address (SMU or Personal): _____ Are you on Face Book? Yes _____ No _____

Leave of Absence Period: Fall 20 _____ Spring 20 _____ Summer 20 _____

Expected Semester of Return: Fall 20 _____ Spring 20 _____ Summer20 _____

Reason for Leave:

- Personal Academic Church Related/Missionary
 Medical Disciplinary Internship
 Military Financial Transfer: Institution _____
 Non-SMU Education Abroad Program/Visiting Student Leave: (If you check this option, please complete the information directly below)

Country: _____ University: _____

Are you currently enrolled for this semester? Yes _____ No _____ Are you enrolled for future semesters beyond this current semester? Yes _____ No _____

I understand that if I am enrolled for the current term, I will be withdrawn from my classes. If I am enrolled for any future term, my enrollment will be cancelled.

Student Signature: _____ Date: _____/_____/20_____

Southern Methodist University Signatures: (Required)

Academic Dean/Adviser: _____ Date: _____

Student Financial Services: _____ Date: _____

Director of Retention: _____ Date: _____

The following signatures are necessary if applicable:

Financial Aid Adviser: _____ (If you receive federal, state or SMU financial assistance)	Date: _____
International Center Office: _____ (If you attend SMU on a Visa)	Date: _____
Office Residential Life/Student Housing: _____ (If you reside in student housing)	Date: _____
Dean of Students: _____ (If you have a current conduct violation or one pending)	Date: _____

*List Additional Majors/Schools of Study: _____

Internal Use Only:

Date Received: _____/_____/_____ Date Processed: _____/_____/_____ Processed by: _____
Enrollment Manager