



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): _____

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

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

Reason for Leave:

- Personal Academic Church Related/Missionary
- Medical Disciplinary
- Military Financial
- Study Abroad/Visiting Student Leave: (If you check this option, please complete the information directly below)

Country: _____ University: _____

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

Southern Methodist University Signatures:

Academic Dean/Adviser: _____ Date: _____

Financial Aid Adviser: _____ Date: _____

International Center Office: _____ Date: _____
(If applicable)

Office Residential Life/Student Housing: _____ Date: _____
(If applicable)

Student Financial Services: _____ Date: _____

Dean of Students: _____ Date: _____

Director of Retention: _____ Date: _____

Registrar: _____ Date: _____

*List Additional Majors/Schools of Study: _____

Internal Use Only:

Date Received: ____/____/____ Date Processed: ____/____/____ Processed by: _____

Actions: Dropped Courses ____ Coded Leave ____ Email to Student ____ Future Term Created ____ Academic Status GS / P