

**TEMPORARY LEAVE OF ABSENCE REQUEST**

In order to apply for the TLA, a student must complete this form and within 14 days provide written documentation, outlining the specific reasons for the leave from the appropriate individual or qualified professional, to the Office of Student Success. Documentation will not be accepted after this time and the TLA will be denied. The Assistant Dean of Students will recommend to the Vice President for Academic Affairs whether a leave of absence or withdrawal is appropriate.

**A student, who is granted a leave of absence for medical reasons, must submit documentation from a health-care provider indicating the student is prepared to return to Wingate with the Re-entry Request.** Wingate University will automatically convert the TLA to an official withdrawal for a student who does not return to the University by the established deadline.

A temporary leave of absence provides the student with the right to return to the University (in the semester following the leave of absence) without re-application. The student will be allowed to register for University courses at the time designated for his or her class (i.e., junior, senior, etc.), and sign up for housing. If a TLA is initiated and approved within a semester, the student will be granted "W's".

Students who are granted a TLA are subject to the same University refund/repayment policies as withdrawn students (as outlined on pages 37-38 of the 2009-2010 Catalog). Questions about Title IV student loan deferment (i.e., Federal Stafford Loan) while on a temporary leave of absence should be addressed to the Office of Student Financial Planning.

NAME: \_\_\_\_\_ ID #: \_\_\_\_\_

SEMESTER TLA REQUESTED: Semester: \_\_\_\_\_ YEAR \_\_\_\_\_

LAST DATE OF ACADEMIC ATTENDANCE / withdrawal date: \_\_\_\_\_

REASON FOR LEAVE: \_\_\_\_\_

*Please attach supporting documentation*

STUDENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>			
Approved:	_____		
	Asst. Dean of Students		
Date:	_____		
Forward Copies to:	Email information to:		
Registrar _____	ARC _____	Student Success _____	
Financial Planning _____	Admissions _____	Student Affairs _____	
Business Office _____	Housing _____	Advisor _____	