



REQUEST FOR LEAVE OF ABSENCE FORM

Leave of absence duration: A leave of absence will be granted for a maximum of one year. A student can request an extension for his or her leave, however the request for an extension will not be for more than one year beyond the original date requested. Students who do not return by the date noted on their approved LOA form, and who are not granted an approve extension, will be required to apply for re-admission to the Academy.

Fee refund schedule: Students who request a leave of absence, while enrolled in a course, are subject to the established fee refund schedule found in the Refund Policy in this catalog. Students must follow normal procedures for withdrawing from a course.

Course withdrawal: If you are enrolled in the current term, and want your leave of absence to begin immediately, please follow the procedure to drop a course or withdraw from a course. Students who request a leave of absence in the middle of a term are subject to the established withdrawal deadlines. Contact information, including mailing address, phone number, and email address, must be updated with the registrar.

Part I: Student Information. Student must complete:

Name _____ Student ID Number _____

Requested leave of absence duration (maximum of one year)

From: Term _____ Year _____ To: Term _____ Year _____

Student degree program: (please check one)

- Bachelor of Sports Science _____
- Master of Sports Science _____
- Doctor of Education in Sports Management _____

Are you receiving financial aid or scholarships? Yes _____ No _____

- If yes, then contact the Financial Aid counselor. (Date of contact: _____)

Is there a balance due on your student account? Yes _____ No _____

- If yes, then contact the Billing Office to resolve your account. (Date of contact: _____)

Student Signature _____ Date _____

(Please attach your personal statement and documentation as to why you requesting a leave of absence, along with payment of the LOA fee, and send this form to the Registrar, registrar@ussa.edu or fax: 251-625-1035, ATTN: Registrar)

**Part II: For Office Use Only:
Approval signatures required:**

Financial Aid Counselor _____ Date _____

Billing Coordinator _____ Date _____

Academic Advisor _____ Date _____

Chief Academic Officer _____ Date _____

(Form returned to Registrar, student notified and requested to submit Withdrawal Form if needed)

**Part III: For Office Use Only:
Registrar to complete:**

LOA fee paid _____

LOA approved _____ Denied (reason for denial) _____

Date student notified: _____ Date advisor notified: _____

Length of time approved: _____

Expected date of return: _____

Registrar signature _____ Date _____