



# Leave of Absence notification form

Goshen College students whose enrollment is interrupted by no more than two consecutive semesters may apply for a Leave of Absence at the time of withdrawal. Students on official leave shall enjoy all the catalog privileges of continuous enrollment.

**NOTE: If you received an ipad and choose not to return to Goshen College at the end of the Leave of Absence period, you must return it or pay for it.**

Name \_\_\_\_\_  
*Last First Middle/Maiden*

GC ID number \_\_\_\_\_ Date of intended re-enrollment at Goshen College \_\_\_\_/\_\_\_\_/\_\_\_\_

Address information while on Leave : \_\_\_\_\_  
*Street/Route*

\_\_\_\_\_  
*City State/Prov ZIP/Postal Code Country*

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Briefly describe your plans or activities for your period of absence \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Major(s) \_\_\_\_\_ Minor(s) \_\_\_\_\_

Academic advisor: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Financial Aid Office: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Life Office: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Accounting Office: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

The address information given above will be the means by which the offices of registrar, student financial aid, accounting, SST and residence life will maintain contact with you. If any of this information changes, please inform the registrar's office.

**Please return this form to the Registrar's Office.**