

SEWANEE

THE UNIVERSITY OF THE SOUTH

Application for Leave of Absence

Name _____
Last First Middle (Preferred)

Mailing Address _____

Address _____ Class: Fr So Jr Sr
City State Zip

Advisor _____

I request a leave of absence from the College of Arts and Sciences for one _____ (semester, year)

beginning _____ and ending _____

I have read and understand the policy statement on the back of this page. I also understand that to be eligible for this leave of absence, that I must be a student in good standing at the end of my last semester in residence, and that I must have met all financial commitments to the University.

I understand that failure to follow my reason for leave without prior approval from the Associate Dean of the College may result in cancellation of this leave. I also understand that if this leave of absence is granted, it will revoke any preregistration, and that I will have to apply for reinstatement should I choose not to accept the leave.

My parents know of this request. Yes No

Parents' Names _____

Reason for Leave:

Student's Signature

Date

Faculty Advisor Comments: (Optional)

(Optional) _____
Advisor's Signature

Date

*Return this form to:
Larry H. Jones, Associate Dean of the College
735 University Avenue
Sewanee, TN 37383-1000
Fax: 931-598-3229*

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LEAVE OF ABSENCE

Recognizing the need some students have for a temporary change from the regular academic courses at Sewanee, the College has initiated a leave-of-absence program. A student who desires to be excused from the College for one or two semesters for the purpose of intellectual or personal development should consult both the academic adviser and the Office of the Dean of the College. Having obtained their approval, the student should make a request in writing to the Associate Dean. The request should state specific plans for the period away and the date on which the student plans to return. If the Associate Dean approves the request, this will guarantee the student readmission at the end of the specific time, providing the terms of the request have been satisfactorily fulfilled.

The deadlines for submission of Leave of Absence applications for Advent and Easter Semesters are August 5 and January 5, respectively. Students who do not meet these deadlines but who spend a semester or more away from Sewanee must apply for reinstatement. When reapplication is necessary, and even in the rare event that the Associate Dean should approve a leave of absence request submitted after the deadline, the reservation deposit will be retained. A second reservation deposit will be necessary to reserve a space in the College for the semester of planned re-entry.