Fairfax University of America
4401 Village Drive
Fairfax, VA 22030
Phone: (703) 591-7042
Fax: (703) 591-7048
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Leave of Absence Form

Leave of Absence (LOA) Policy: From time-to-time, students may seek authorization for a leave of absence (LOA) from the university to temporarily interrupt a program of study. An LOA allows a student to suspend their enrollment for a brief period of time rather than withdrawing from the program and reapplying. In the case of prolonged illness or accident, death in the family, or other special circumstances that make attendance impossible or impractical, an LOA may be granted to the student if requested in writing by the student.

Instructions
1. A student seeking an LOA must consult with their advisor, and complete and submit a *Leave of Absence Form* to Registrar's Office. The request must be signed and dated with the reason for LOA.
2. Upon receiving the LOA request and form, the university will determine if there is a reasonable expectation that the student will return to the university and resume their studies. The university will grant the request or deny it and inform the student by email.
3. The LOA cannot exceed 180 days in any 365-day period.
4. The student must report to Registrar's Office upon returning from the approved LOA on/or prior to the expected return date stated on the LOA form.
5. If a student does not resume attendance at the university on/or before the end of an approved LOA, the student will be considered withdrawn from the institution on their last date of attendance.

NOTE: F-1 visa students must contact the International Student Advisor for consultation prior to requesting for a LOA to ensure compliance with federal immigration regulations [8 C.F.R.§214.2(f)(6)(iii)(B)].

A: Personal Information

Student's Name: _____ FXUA ID#:_____
(Last)   (First)   (Middle)

Current Address: _____
(Street Address)

_____
(City)   (State)   (Zip Code)

Phone: _____ FXUA E-mail:_____ Alternante Email : _____

B: Complete the following:

Program of Study: _____

Credits Completed: _____ Credits Remaining: _____ Current cGPA: _____

Advisor's Name: _____

Are you an international student? ❏ NO, I am a U.S. citizen or Permanent Resident   ❏ YES, my visa status is ❏ F-1 ❏ Other

Requesting a Leave of Absence for the following semester OR after the date: _____

Semester in which I will return (TERM YEAR): _____

Date on which I will return (refer to the Academic Calendar): _____

Reason for leave of absence request (attach additional sheets if needed): (If it is a medical leave, a student must provide the university with the relevant documentation from a doctor that shows s/he is required to take medical treatment for that term or the period.)

_____

_____

By signing below, I certify that I have read and understood the Leave of Absence Policy.

Student Signature: _____ Date: _____

Program Chair/Advisor Signature _____ Date: _____
(Acknowledge Request the request)
Accounting Office Signature _____ Date: _____
(Checking the student account)
Registrar's Office Signature _____ Date: _____
(Update Student Status)

Registrar Office Use Only

❏ Granted ❏ Denied ❏ Informed the student on _____
❏ Updated in CAMS/STATUS-Registration and Academic Status and Page 2 Dates ❏ Course add/drop/withdrawal form (if applicable)
Return Date: _____ Original Grad Date: _____ Revised Grad Date: _____

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