

APPLICATION FOR LEAVE OF ABSENCE

To be considered in good standing during the leave period and to facilitate your return to Occidental College, you must complete this form and submit it to the Office of the Dean of Students. If approved, the form will be transferred to the Registrar for final processing and record keeping. To request re-admission to the College, you must request a Re-Admission Form from the Office of the Registrar at least six weeks before you wish to re-enroll.

Name _____ I.D. Number A0 _____
 Last First Middle

Class: FR SO JR SR GR Spec Major _____ P.O. Box _____

Anticipated period of absence From _____ to _____
 Month/Year Month/Year

Mailing Address _____

Telephone _____ E-mail _____

Please select at least one reason for your request for leave of absence. This information is confidential and will be used by the College to gather information on student needs and to improve our services and programs.

- Academic difficulties**, i.e., poor academic performance, academic expectations more than I anticipated
- Academic offerings**, i.e., major not offered; class sizes; limited resources
- Academic support**, i.e., inadequate support services; faculty advisor unhelpful
- Intellectual life**, i.e., classes not challenging enough, inadequate opportunities to explore my interests
- Personal difficulties**, i.e., personal/family problems; need to work more; want to live closer to home
- College location**, i.e., dislike Los Angeles; campus is too isolated; dislike the weather
- Campus climate**, i.e., apathetic student body, diversity mission over/under emphasized; boring social life
- Study Abroad**, i.e., not accepted into an Oxy Program; studying in a program not approved by Oxy
- Finances**, i.e., not enough financial aid available; family circumstances changed; not worth the tuition
- Need a break from school at this time**, i.e., non-specific desire to pursue other opportunities yet to be determined
- Other**: please state specific reason or elaborate on reason(s) selected above:

 Student Signature Date

Required Signatures

 Adviser Comments Date of Interview

 Student Loans Comments Date of Interview

 Financial Aid Comments Date of Interview

 Residence Life & Housing Services Comments Date of Interview

 Dean of Students Comments Date of Interview

 Registrar Comments Date of Interview