



Petition for Leave of Absence

8432 Magnolia Ave, Riverside, CA 92504 (T) 951.343.4566 (F) 951.343.4903 (E) registrar@calbaptist.edu

Personal Information

Student ID#: _____ Cell Phone: _____

Last Name: _____ First Name: _____ Middle: _____

Street: _____ Email Address: _____

City: _____ State: _____ Zip Code: _____

Academic Information

Semester: Fall 20____ Spring 20____ Summer 20____

- Program Enrollment: Traditional Undergraduate Traditional Graduate Other: _____
 - Are you a VA recipient? Yes No An International Student? Yes No An Athlete? Yes No
 - Did you attend any classes or chapel meetings during the current 4-month semester? Yes, last date _____ No
 - Are you enrolled in Future Semesters? Yes, list all semesters/years _____ No
- Do you plan to return to CBU? Yes Fall 20____ Spring 20____ Summer 20____ No

Reasons for Withdraw (Primary Reason. Check only one.)

- Financial constraint
- Major not offered: _____
Major Desired
- Doing poorly academically
- Medical
- Transferring to: _____
College/University
- Quality of classroom instruction
- Family medical
- Personal circumstances
- Quality of student services
- Work schedule
- Don't feel like I belong
- Other: _____

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Committee: _____

Suspension: _____

Judicial Action: _____

Unofficial: _____

Student Agreement

I am requesting to receive a Leave of Absence (LoA). I understand that I need to be in good academic standing with the Registrar's Office, Student Accounts, Financial Aid, and within my program. I also understand I cannot attend the semester in which I am requesting the LoA, nor can I be approved for a LoA if I received a LoA the previous semester. I further understand that to be approved for a LoA, I need to have attended CBU the semester directly before the requested LoA semester. If I am granted a Leave of Absence and do not return after one semester, I understand that I must complete the readmit application process in order to return. If the Leave of Absence is denied, I will be withdrawn from all my courses for the current semester. I also understand if the last date to drop is passed, the University will record a grade of 'W' for the course(s) dropped.

Student Signature: _____ Date: _____

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LOA Approved: _____ LOA Denied: _____

Clearances

Office of the Registrar _____

Student Accounts _____

Financial Aid _____

Student Services _____

Program Director _____

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Registrar's Office:

Title IV Received Date: _____ Completed Date: _____ Determination of Withdraw Date: _____ LDA/R2T4 Date: _____

Units Dropped (Refund): _____ Units Withdrawn (No Refund) W / F: _____ Transcript & Enrollment Adjusted by: _____
Initials/Date

Semesters Dropped: Fall 20____ Spring 20____ Summer 20____ Module Classes: Yes No

Financial Aid Office:

Title IV Aid Yes No Perkins Loan Yes No R2T4 Completed? Yes _____ No
Initials/Date

Student Accounts Office:

Counselor: _____ CBU Refund Calculation? Yes No Payment Arrangements Completed? Yes No
Initials/Date

Registrar's Office (Original) Admissions Student Accounts Student Success Financial Aid Athletics