



# SOUTHERN VIRGINIA UNIVERSITY

## Office of the Registrar

One University Hill Drive • Buena Vista, VA • 24416 • Phone: (540) 261-4343 • Fax: (540) 261.4245

### Leave of Absence

*A student who leaves SVU, by his or her own choice, for any reason, can return as a student any time within three years of last attendance. To be readmitted, the student must notify the admissions office of his or her intent and provide updates to parts c and d of the application for admission and transcripts from any school which the student attended in the interim. A readmitted student can choose his or her graduation requirements from the previous catalog or the current catalog. If a curriculum program has been discontinued during the student's absence, SVU is under no obligation to complete that program for the student.*

ID #: \_\_\_\_\_

I, \_\_\_\_\_, hereby request a Leave of Absence from Southern Virginia  
(Full Name: First, Middle, Last)

University as of \_\_\_\_\_ .  
Date

**Please check all boxes that apply:**

- Academic       Medical       LDS Mission
- Financial       Personal       Other (please specify) \_\_\_\_\_

For our records, please explain your reason for requesting a Leave of Absence: \_\_\_\_\_

When do you plan to return to Southern Virginia University? \_\_\_\_\_

**Please meet with the following individuals and obtain their signature.**

- Business Office Director \_\_\_\_\_
- Director of Financial Aid \_\_\_\_\_

**I understand that I am bound by the terms of the tuition and fees policies as stated in the SVU catalog. My transcript will be withheld until all of my University financial obligations are met.**

Student's Signature

Registrar's Signature

**Forwarding Information:**

Name: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**OFFICE USE ONLY**

<input type="checkbox"/> Exit date and Reason Entered	<input type="checkbox"/> Hold Entered	<input type="checkbox"/> Classes Checked	<input type="checkbox"/> Alert Sent	Initials:	Date:
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