Trinity College of Nursing
& Health Sciences
UnityPoint Health

Leave of Absence Form

IDENTIFICATION

First Name

Middle Name

Last Name

Students who are performing satisfactorily and find it necessary to interrupt their course of study for personal reasons may be granted a Leave of Absence (LOA) upon approval of their advisor. A student will not be granted more than two leave of absences in a 12 month period. The leave of absence or any additional leave of absence may not exceed 180 days in any 12 month period. If a student leaves without properly processing a LOA, a grade of "F" may be assigned for incomplete courses and refunds will not be granted. Transcripts will not be issued unless all financial obligations to the College are met.

STUDENT

Program of Study

I am requesting a leave of absence from the above program at Trinity College of Nursing & Health Sciences. The reason for my leave of absence is:

☐ I plan to return to the program (mm/dd/yyyy) _____

☐ I have read the Refund Policy in the College Catalog.

Student Name:

Date:

CONFIRMATION OF LEAVE OF ABSENCE

Dean Signature Date

Director of Student Services Signature Date

☐Removed from MLI List

☐Processed in CAMS

Date

ADVISOR/ADMINISTRATIVE

Reason for Leave of Absence

Last Date of Attendance if known: _____

Is Student registered for courses in upcoming term? ☐ Yes ☐ No
(If yes, please drop via portal)

Is Student currently enrolled in Gen Ed classes? ☐ Yes ☐ No
(If yes, do not complete form until within one week of end of term)

☐ Add/Drop Form completed

Is Student a Trinity Employee? ☐ Yes ☐ No
If no, was Photo Badge returned? ☐ Yes ☐ No
(student will be billed $45)

Advisor Signature Date

FINANCIAL AID SPECIALIST

☐ Financial Aid Policies reviewed

☐ Exit Interview conducted/mailed

☐ NSLDS Updated

Official Date of Leave of Absenxe: _____

Financial Aid Specialist Signature: Date

BURSAR

☐ Charges Paid in full

☐ Refund Policy reviewed

☐ Transcript Policy reviewed

Bursar Signature: Date

EXECUTIVE ASSISTANT

☐ Notification of badge code removal from doors

Exec. Asst. Signature: Date

White Copy - Student File Yellow Copy - Advisor Pink Copy - Student