



College of Charleston

66 George Street
Charleston, South Carolina 29424-0001

Undergraduate Academic Services
(843) 953-5674
FAX (843) 953-5544
E-Mail: Undergrad@CofC.edu

REQUEST FOR LEAVE OF ABSENCE

PRINT Full Name: _____ CWID # _____
Last First Middle

Date of Request: _____ Major _____ Leave Term(s) Requested _____/_____

Advisor: _____ Will you attend a Summer session ? No/Yes, What Session _____

I realize that a leave of absence is normally contingent upon satisfactory academic status (> 2.0 cumulative gpa) at the College of Charleston. My reason for requesting this leave of absence is as follows: (Please check those which apply.)

- | | |
|---|---|
| <input type="checkbox"/> I have a medical emergency.** | <input type="checkbox"/> Permanent/Total disability |
| <input type="checkbox"/> I have a financial emergency.** | <input type="checkbox"/> Service in military (not transfer station) |
| <input type="checkbox"/> I have a family emergency.** | <input type="checkbox"/> Service in foreign aid service of gov. |
| <input type="checkbox"/> I have had a change in employment | <input type="checkbox"/> Service in official church mission |
| <input type="checkbox"/> Other.*(Please give specifics) _____ | |
| (If necessary, use back) | |

IF a leave of absence is NOT approved, you will be withdrawn from the College.

*This does not necessarily mean that you will be awarded "W" grades in your classes
** Documentation will be required if the leave of absence request is submitted after the last date for withdrawal from classes during a regular term. If requesting a leave of absence for the current semester, you may wish to check the refund schedule printed in the Undergraduate Schedule of Courses. To appeal refund, contact the Business Affairs Office, 1st Floor Randolph Hall (843-953-5574).

It is recommended that you discuss your leave status and coursework with your advisor prior to leaving campus. You should consider both courses to take upon your return and any potential courses while away from the College. If you plan to take any courses elsewhere while on leave, you should see Undergraduate Academic Services regarding approval which may be needed.

Street Address: _____

City, State, Zip: _____

Phone Number: (_____) _____

Student Signature: _____ Date: _____

Please email my response to: _____ @Edisto.cofc.edu

Note: If taken by phone, make sure you read the above boxed information to the caller.

Office Use Only

Approval of UAS Director _____ Signature _____

Approval Date _____ Effective Date _____

E-Mail to: Registrar; Business Affairs; Residence Life; Treasurer