INDIANA WESLEYAN UNIVERSITY LEAVE OF ABSENCE APPLICATION

Student's Name	Social Security Number
Daytime Phone Number	_Email Address
	attendance for 29 days or more. The first day of the leave is the first day of unless the class has already started. If the class has already started the first withdrawal .
First Day of Leave	Expected Date of Return_
Reason for Leave: (check one)	
Reasons generally approved:	Reasons generally not approved:
MedicalFamily emergency including health issues, divorce, deathJob emergency including job transfer additional job responsibilities, loss of jobMilitaryJury DutyOther (must be specific)	
documentation may result in the denial of this circumstance indicated above. Documentation counselors, court papers, etc. Documentation decision. I understand that if I fail to return on my sche	uests being made after the class has started. Failure to provide appropriate is request. Documentation must be from a third party that can support the on may include physicians' statements, letters from employers, pastors, or a must be adequate enough that the University can make an informed eduled date my current student loans will be cancelled and/or my prior int period as of my last date of class attendance.
Student's Signature	Date

The completed form and any supporting documentation may be submitted by fax to 765-677-2380; or sent in the mail to Leave of Absence Specialist, Office of Student Services, Indiana Wesleyan University, 1900 W 50th St, Marion, IN 46953