



**VITERBO**  
UNIVERSITY

# Request for Leave of Absence

Office of the Registrar

Viterbo University; 900 Viterbo Drive; La Crosse WI 54601

Phone: 608-796-3080 Fax: 608-796-3050 www.viterbo.edu

Students may be granted a continuous one-year leave of absence. Students who receive such a leave will remain in the same catalog for curriculum requirements, provided they return to Viterbo University according to the guidelines specified below.

## CONDITIONS AND REQUIREMENTS

- The Request for Leave of Absence form must be submitted prior to the last date of attendance for the term.
- Students not completing a term must submit any required withdrawal paperwork (Request for Withdrawal and Change of Schedule form), along with the Request for Leave of Absence. A student submitting the leave request will not be withdrawn or dropped from any courses solely based on the leave request form.
- The leave of absence begins the day of application and may remain in force for no more than two full, consecutive semesters.
- The student is not considered an officially enrolled student when not registered for any courses.
- To initiate the reentry to Viterbo, the student is responsible for submitting an application (Apply Online link on the Viterbo home page) to indicate the term of return, as well as confirm/update other demographic information.
- The student is responsible for notifying the Office of the Registrar of changes in name, address, telephone number, or email address while on leave of absence.
- The student is responsible for completing a request to take a course at another institution form available in the Office of the Registrar if he/she decides to complete coursework at another institution during the leave of absence.
- If the leave of absence expires prior to the student's return to Viterbo University, the student will be assigned the current catalog for the term of re-entry.

Student Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Major \_\_\_\_\_ Adviser \_\_\_\_\_

Reason for request \_\_\_\_\_

Last semester of attendance \_\_\_\_\_ Completed? \_\_\_\_\_  
Withdrew? \_\_\_\_\_

Requested leave of absence to begin FALL \_\_\_\_ 20\_\_ SPRING \_\_\_\_ 20\_\_  
Expected semester of return FALL \_\_\_\_ 20\_\_ SPRING \_\_\_\_ 20\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_