

A higher degree. A higher purpose.

Please download and save this form to your computer. Then fill out the form. Once it's complete, email the form to studentsuccess@mail.waldenu.edu. Your request is effective the day the form is submitted to advising via email.

LEAVE OF ABSENCE FORM Date:				
Name:*			Student ID:*	
Walden E-mail:*			Phone Number:*	
Program:*	ogram:*		Are you receiving Financial Aid?*	
			Yes	No
Have you contacted an Student Success Advisor prior to making this request?*				
·	Yes	No		
DISCLAIMER / POLICY				
The University's programs are designed to permit students to pursue their studies full-time while managing the many responsibilities they have as adult professionals. The University will, however, consider a leave of absence for a student who is experiencing hardships that make effective progress in her/his academic program unusually difficult. Students requesting a leave of absence are required to contact their academic advisor to verify that all University resources have been extended to assist them in continuing their studies. You may reach your student success advisor by e-mail or phone (1-800-WALDENU). After talking your academic advisor, you should complete and submit this form. Please take your current courses into account when selecting the effective date for your leave of absence.				
The minimum amount of time for a leave of absence is 30 days. The maximum amount of time for a leave of absence is 180 days. Please note that you must return at the beginning of a term.				
All of the information requested below must be completed to ensure the form is correctly processed. Initials:*				
Effective Leave of Absence Start Date:*		Prodicted Leave	e of Absence Return Da	
Effective Leave of Absence Start Date.		riedicted Leavi	e of Absence Return Do	ate.
Reason for request:*				
Other (Explain):				