

Oklahoma State Regents for Higher Education
Academic Scholars Program
Leave of Absence Request

Participants may take a leave of absence from the program for a period of time during which the student is not enrolled in college courses.

Name: _____

SSN: _____ College Student ID Number _____

Mailing Address: _____
Street City State Zip

Telephone No.: (____) _____

Institution where you are currently enrolled: _____

Check the reason for which you are requesting a leave of absence:

- CO-OP Program Church mission Employment
- Illness* Study Abroad Other - Please explain:

*Please provide supporting medical documentation and a written statement describing your circumstances.

In the space indicated, check those semesters for which you are requesting leave.

Fall 2010 _____ Spring 2011 _____ Fall 2011 _____ Spring 2012 _____

Cumulative Grade Point Average _____ (A minimum 3.25 GPA is required for continuing eligibility in the program. Students must also earn 12 credit hours for each semester not on leave. A leave of absence may not be used to remedy grade point average or credit hour deficiency.)

I, the undersigned Academic Scholar, hereby confirm that the above information is correct, and I understand that if it is proven otherwise, I forfeit my remaining semesters in the Academic Scholars Program. I also understand that if there are any changes concerning my leave, I will immediately notify the Oklahoma State Regents for Higher Education and the institution where I am currently enrolled.

Signature of Academic Scholar

Date

Signature of College/University Coordinator

