



Leave of Absence Form

Registrar's Office
Phone: 808-544-0239
Fax: 808-544-1168
Email: registrar@hpu.edu

A leave of absence is recommended for any Fall or Spring term for which a student does not wish to enroll in classes, but intends to return within two semesters. Students wishing to request a leave of absence should consult with an academic advisor. A student on a leave of absence registers as a continuing student for the semester of return.

PLEASE PRINT:

Name: _____

Family/Last	First	Middle Initial
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HPU ID: @ _____ Email: _____ @my.hpu.edu

Semester & Year of Leave: _____ Semester & Year of Anticipated Return: _____

Please select one of the following reasons for your leave of absence:

Family Financial Medical Military Personal Work Other: _____

International Students ONLY:

Are you an international student? Yes* No

*If yes, OISS signature is required: _____

Name of OISS Staff	OISS Staff Signature
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Note: Nonimmigrant students and their dependents must maintain an appropriate visa status at all time while inside the U.S. International students on a leave of absence must depart the U.S. immediately based on the last day of HPU course attendance.

PLEASE READ THE FOLLOWING AND SIGN BELOW:

- A leave of absence is intended to provide a short-term leave, up to a maximum of two consecutive semesters (1 year) for students who plan to return to Hawai'i Pacific University. If you do not re-enroll within 2 semesters (1 year), you will be considered to have withdrawn without notice and must apply for re-admission through the Office of Admissions.
- If you enroll in any other college/university during your leave of absence, your leave will be cancelled and you must re-apply as a transfer student and have official copies of your transcripts sent to the Office of Admissions in accordance with regular application deadlines.
- In addition to any other conditions or responsibilities as set forth in the application for leave or notice of approval, you will be expected to meet all regular university deadlines with respect to registration, housing reservations, financial aid application, and similar matters. Please be advised that scholarship awards or financial aid will not necessarily carry over, nor will places with university housing necessarily be held. You are responsible for all arrangements with offices serving you in these matters.

Student's Signature**Date**

Office Use Only:

SFAREGS: _____ SGASTDN: _____ SPACMNT: _____ Email notification: _____ Initial: _____ Date: _____