

**Skidmore College
University Without Walls**

LEAVE OF ABSENCE REQUEST

Name _____

Address _____

Phone _____ UWW Advisor _____

Requested Dates for Leave of Absence _____ to _____

(Leave of Absence requests will not be granted for periods of longer than 12 months or during the first year of enrollment.)

Reason _____

I formally request a leave of absence from University Without Walls. I understand that during the time of my leave I will discontinue my studies and will not have contact with my advisors.

If I owe a balance on my account I understand that I will pay it in full before returning to active student status. If I fail to contact the UWW office at the end of my requested leave period I understand that I will be withdrawn from UWW and will have to apply for readmission.

Student Signature/Date

Leave of Absence Fee is \$100. _____ paid _____ date

For Office Use Only:

Director Approval _____ Date _____ PD _____ MM _____

Advisor _____ Database _____