



BRYN ATHYN COLLEGE

Request for an Extended Absence

This form indicates your request to take an extended absence from classes for one to three weeks when for reasons beyond your control, such as serious illness, attendance is problematic. Please choose the option(s) that best describes your reason for needing an extended absence.

If you will need to be absent for more than three weeks, you will need to fill out an Intent to Withdraw form instead. Once you have completed the process and all portions of this official Request for an Extended Absence form have been signed and dated by appropriate parties, please submit this form to the Registrar's Office for processing.

Personal/Family Issues

Illness/Medical

To be approved for an extended leave of absence students must first make arrangements with their course instructors to keep up with assignments.

Student Name: _____

What day would your absence begin? _____ What day would your absence end? _____

Student Signature: _____ Date: _____

STEP 1: Meet with your advisor (if your advisor is unavailable, you may meet with Dean J. Kline or Associate Dean R. Cooper)

Notes: _____

Signature: _____ Date: _____

STEP 2: Meet with your instructors to make arrangements to keep up with assignments. You will be required to attach a signed Extended Absence Worksheet for each of your current term courses as well a copy of your current course schedule.

Notes: _____

STEP 3: WORK STUDY STUDENTS ONLY: Meet with Melissa Gamba, 267-502-6038.

Notes: _____

Who is your supervisor? _____ Are you currently employed on campus? _____

Signature: _____ Date: _____

STEP 4: Meet with Dean J. Kline, 267-502-2431 to discuss your situation.

Notes: _____

Signature: _____ Date: _____

STEP 5: RESIDENT STUDENTS ONLY: Meet with Dean S. Nelson, 267-502-2482 or Michael Austin, 267-502-2794, to make arrangements concerning housing.

Notes: _____

Desired Check out date: _____ Desired Check-in date: _____

Signature: _____ Date: _____

Taking an extended absence without going through the procedures outlined above jeopardizes your academic record.

FOR OFFICIAL USE ONLY: Dean of Academics or Dean of Students: Please sign below to grant approval of the extended leave of absence as described above. Student notified of action within one week of submission.

Signature: _____ Date: _____

cc: advisor, deans, instructors with applicable worksheets, financial aid