

AMDA

College of the Performing Arts

NEW YORK CITY • LOS ANGELES

LEAVE OF ABSENCE FORM

Leave of Absence Policy

An approved leave of absence (LOA) is a temporary interruption in academic attendance in an ongoing program for one semester. Students must formally request an LOA with the Office of the Registrar to maintain enrollment status by completing the Leave of Absence Form. Failure to request an LOA may result in loss of good standing with AMDA.

A leave of absence for up to one semester is granted to students who anticipate returning to AMDA to complete their studies. A leave of Absence cannot exceed 180 days in a 12-month period. Students requesting an LOA must be in good standing and making satisfactory academic progress toward a program.

For US citizens or permanent residents receiving federal or private loans, funds already received by the student are to be returned to the lender, depending on the date of the student's LOA. Federal grant awards such as FSEOG, Pell and institutional awards (e.g., AMDA scholarships) may also be decreased. F-1 International Students must meet with the International Student Affairs Office for impacts of leave on a student's international student status.

Students are required to officially notify the Registrar's Office at their respective campus by submitting this form. Students who take an LOA for a medical reason are required to submit medical documentation confirming clearance to resume studies to either NYhealth@amda.edu or LAhealth@amda.edu, depending on their home campus. Students who take an LOA for mental health reasons must submit documentation from a physician confirming clearance to resume studies to lacounseling@amda.edu or counselorny@amda.edu, depending on their respective campus. Submission of the clearance documentation is required for approval of reinstatement before resuming classes at AMDA. Students who fail to return to AMDA to continue their studies within one semester's time will result in the student being considered to have voluntarily withdrawn from AMDA. The withdrawal date on the record will reflect the last date of attendance.

Student Information (please complete all sections)

Date: _____ Student ID: _____ Program: _____

First Name: _____ Pronoun: _____ Last Name: _____

Preferred Name: _____ Phone #: _____ Email: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip: _____

Reason for Leave of Absence: For Medical or Mental Health LOA, students MUST meet with the department and get 'signed off' before submitting the form

Medical [Required: AMDA Student Affairs Dept. Signature: _____]

Mental Health [Required: AMDA Health Team Dept. Signature: _____]

Family Financial Professional Opportunity Military

Semester/Year LOA: _____

I am formally requesting a Leave of Absence and I have read and understand the Leave of Absence policy.

Student's Signature: _____ **Date:** _____

I understand that if I repeat a semester, I am ineligible for the AMDA institutional aid for the repeated term if this aid was fully utilized or was returned after the term for which I am taking the Leave of Absence.

NY Students: submit to nyregistrar@amda.edu / LA Students: submit to laregistrar@amda.edu

For Office Use Only:

LDA: _____ Semester of LOA: _____ Semester Return: _____

Date Processed: _____ Registrar's Signature: _____

Comments: _____