

# 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 a specific period. Students must formally request an LOA with the Office of the Registrar (Education Services Department) 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.

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.

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.

Students are required to officially notify the Office of the Registrar (Education Services Department) in writing, and provide supporting documentation for reinstatement approval before resuming their studies at AMDA. Students who do not return to continue their studies within one semester will be withdrawn from the program. The withdrawal date on record will be the last date of attendance.

#### **Student Information (Please complete all sections)**

Date: \_\_\_\_\_ Student ID: \_\_\_\_\_ Program: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Pronoun: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Current or Preferred Mailing Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### **Reason for Leave of Absence:**

☐ Medical ☐ Military ☐ Family ☐ Financial ☐ Professional Opportunity

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

**Student 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.

Submit this document to the Registrar's Office to initiate your request for LOA.

NY Students: submit to [nyregistrar@amda.edu](mailto:nyregistrar@amda.edu) LA Students: submit to [laregistrar@amda.edu](mailto:laregistrar@amda.edu)

#### **For Office Use Only:**

LDA: \_\_\_\_\_ Semester of LOA: \_\_\_\_\_ Semester Return: \_\_\_\_\_

Date Processed: \_\_\_\_\_ Registrar's Office Signature: \_\_\_\_\_

Comments: \_\_\_\_\_