

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 Students who do not return to continue their studies within one semester will be withdrawn from the program.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)

Student ID: _____ Program: _____ Current Term: _____ Semester Level: _____

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 ☐ Mental Health

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.

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: _____