

OBU Leave of Absence Application

LEAVE OF ABSENCE IS VALID FOR THREE (3) SEMESTERS

Name: _____ **Term of Departure:** _____

ID#: _____ **Home Phone:** _____ **Cell Phone:** _____

Permanent Address: _____

International students MUST get approval from International Coordinator _____

Personal Email: _____

I plan to return to OBU _____, _____
Semester Year

Check One:

_____ Study Abroad

Students who are on an OBU foreign exchange program or are studying independently in a foreign post-secondary institution

_____ Time Out

Students who interrupt their OBU program for a period of work, military service, or family matters

Reason for Time Out: _____

_____ Education Elsewhere School: _____

*The Academic Dean **must give** prior approval for transfer credit accepted. Official Transcripts must be mailed from the transfer institution directly to the OBU Academic Center.*

Student Signature: _____ **Date:** _____

Names of students on an approved Leave of Absence will receive electronic mailings from the Academic Center including academic calendars each term and upcoming enrollment dates.
Please contact the Academic Center at 405-585-5100 to start the Registration Process.

FOR OFFICE USE ONLY

CC: Dean, Advisor, Degree Counselor, Financial Aid, Student Services, Registrar, Student File

Date & Initial:

_____ SGASTDN – Bison Pledge

_____ SGAEOPS – Reason

_____ SGASADD – Athlete

_____ SGASADD – Cohorts

_____ SFAREGS – Status/Reason

_____ International Coordinator

Registration Notices Sent (Date & Initial):

1st _____ 2nd _____ 3rd _____

Return form to the Academic Center for filing.