2013-2014
Scholarship & Covenant Leave of Absence Request Form

Complete Steps 1 through 6. You may type on this form.

Student Financial Aid Office
University of Louisville
Louisville, KY 40292
Phone: 502-852-5511
Fax: 502-852-0182

1) Type your Name and Student ID Number below:

Name: _____ Student ID Number: _____

2) Indicate type of scholarship:

☐ Trustees ☐ Porter ☐ National Scholar ☐ Cardinal Covenant

3) Indicate the semester(s) you are requesting the Leave of Absence (Check all that apply):

☐ Fall Only ☐ Spring Only ☐ Fall and Spring

4) Please indicate the semester in which you intend to return to the university (for example, Fall 2013 or Spring 2014).

_____

5) Attach a typewritten letter that explains the issues or unusual circumstances surrounding your request.

6) Attach supporting documentation. This must be provided in order to receive full consideration for a Leave of Absence request. Please do not submit the original documentation, but submit copies. Examples of documentation are as follows: doctor's statement, medical bills, and/or documentation regarding the issue that requires you to make this request.

I certify that I have completed all of the necessary steps. I understand that I must submit the request form, a type written letter, and all supporting documentation. I understand that this form should only be used for scholarship purposes and that I am responsible for contacting all other university units that need to be made aware of my absence from the University of Louisville.

Signature _____ Date _____

Office Use Only

☐ TRSLOA In Progress

Student Group: _____ Semesters Used: _____

Last Award: _____ Cum GPA: _____

Prior LOA Requests : _____

LOA Requests Approved: _____

LOA Requests Denied: _____

Approved ☐ Denied ☐

Initials: _____

Comments: _____

Approved ☐ Denied ☐

Initials: _____

Comments: _____

☐ TRSLOA Complete ☐ Cancelation Complete