



Leave of Absence form for Financial Aid

This form is for financial aid purposes only and does not represent an approved Leave of Absence (LOA) for academic purposes. You may be required to submit proper documentation to support the LOA.

Beginning date of leave of absence: _____

Expected date of return: _____

Reason for your leave of absence: _____

The purpose of this form is to certify that you have an understanding of the financial aid implications of a leave of absence.

I, _____, understand that the following terms, of the LOA agreement, apply if I am on a leave from Williamson College (WC) for the dates listed above.

1. While I am on an approved leave of absence, my enrollment status will be reported to my lenders as Leave of Absence.
2. If I am notified by my lender(s) that my loans are in repayment, I will need to contact my lender(s) and request a **hardship forbearance or economic hardship deferment**.
3. While I am on an approved leave of absence, I am not eligible for any additional federal student financial aid or private education loans.
4. Upon my return from leave of absence, any subsequent financial aid disbursements may be delayed until I again meet the standards for satisfactory academic progress towards the completion of my degree.
5. If I do not return from my leave of absence, I will be considered withdrawn as of the date I began the leave. I will have my tuition refund calculated on that leave date. Once the institutional and federal refunds are determined, I may incur a balance on my account which I will be required to pay.
6. If I do not return from the leave of absence, my loans will go into repayment based on the start date of the leave of absence. This could result in the depletion of some or all of my grace period of my student loan(s) and may result in a decreased eligibility for Pell Grant and loan disbursements.
7. The leave of absence will be granted for up to 60 days.

NOTE: Any documents that are submitted to support this leave will be reviewed by authorized Financial Aid staff. By signing below I authorize the release of information, including medical records, to the Financial Aid Office.

Signature: _____ Date: _____

Office Use Only: Action Taken _____ Signature _____ Date _____
