



LEAVE OF ABSENCE FORM for FINANCIAL AID

This form is for financial aid purposes only and does not represent an approved leave of absence for academic purposes. The purpose of this form is to certify that you are aware of the financial aid implications of a leave of absence.

I, _____, will be on a Leave of Absence from the Lake Erie College of Osteopathic Medicine (LECOM) for the dates listed below. I understand the following applies:

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 and 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 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).
6. The leave of absence and any additional leaves of absence must not exceed a total of 180 days in any 12-month period.

Requested **Start Date** of Leave of Absence: _____

Requested **End Date** of Leave of Absence: _____

Reason for request for Leave of Absence: _____

Signature

Date

Received By: _____