

Financial Aid Leave Impact Sign Off

Please review the terms regarding your leave of absence and its impact on your financial aid. Complete the fields below to acknowledge your understanding and print this document for submission to the Financial Aid Office.

1. Student Information

Student Full Name:

Student ID:

Academic Program:

Email Address:

2. Leave of Absence Details

Effective Term/Semester of Leave:

Requested Leave Start Date (MM/DD/YYYY):

Expected Date of Return (MM/DD/YYYY):

3. Financial Aid Impact Acknowledgements

By signing below, you acknowledge and understand that:

- Taking a leave of absence may change your enrollment status to less than half-time, which could initiate the grace period for your student loans.
- A recalculation of your financial aid eligibility (Return of Title IV Funds) may be required, which could result in a balance owed to the institution.
- Satisfactory Academic Progress (SAP) will be evaluated upon your return, and your eligibility for future aid could be affected.
- You must complete a renewal FAFSA/renewal applications for the academic year in which you plan to return.

4. Student Sign Off

I have read and understand the financial aid implications of my requested leave of absence. I understand that I am responsible for any outstanding balance resulting from this change in my enrollment status.

Student Signature (Sign after printing):

Date (MM/DD/YYYY):

5. Financial Aid Advisor Sign Off

I have discussed the financial aid impact of a leave of absence with the student named above, including the Return of Title IV Funds policy, loan grace periods, and SAP requirements.

Financial Aid Advisor Name:

Advisor Signature (Sign after printing):

Sign on printed copy

Date (MM/DD/YYYY):