



Application for Academic Leave

**** Note:** You must sign this form and acquire the appropriate signatures before submitting it to the Registrar's Office.

This form must be submitted at least thirty days before the beginning of the semester you intend to be away from RU. ******

Student Name:			
Student ID Number:			
Email Address:			
Address:			
Phone Number(s):			
Major/Option:			
Hours Completed		GPA:	
Semester & Year of Academic Leave:			

Nature of Academic Leave

(Attach a copy of the Letter of Acceptance for the program for which academic leave is being requested):

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By signing below, I verify that it is my full intention to enroll at Radford University for the semester following my academic leave, and that I understand all of the policies and procedures related to academic leave.

Student Signature (required):	Date:
Academic Advisor (required):	Date:
Department Chair (required):	Date:
Dean (required) :	Date:
The Director for Experiential Learning and Career Development must approve requests for non-credit internships:	Date:
The International Office must approve requests for Study Abroad and International Student leave:	Date: