

THE UNIVERSITY OF AKRON
SCHOOL OF LAW

REQUEST FOR APPROVED LEAVE OF ABSENCE FOR ONE OR MORE SEMESTERS

Printed Name: _____ Student ID #: _____

UA Email Address: _____@zips.uakron.edu Cell Phone #: _____

Secondary Email Address: _____ Secondary Phone #: _____

Because of the rigorous course of study associated with law school, and to provide the highest likelihood of academic success, law students are expected to maintain continuous enrollment each semester, summer terms excluded.

A leave of absence may be granted if compelling circumstances (e.g., health, family reasons) exist. Leave may be approved for one semester up to one calendar year. Student must submit this form along with medical documentation or other evidence supporting the request for leave to the Assistant Dean of Student Affairs. The Assistant Dean will meet with the student and inform the student of the decision to approve or deny the request

Students who are approved for a leave of absence must also contact the Financial Aid Office to discuss financial aid ramifications and options related to the leave of absence.

Students who begin an approved leave of absence after a semester has begun may receive In-Progresses (IPs) on their transcript for any classes in which they are enrolled during that term. Students must retake those courses at the first available opportunity after returning from their leave of absence. No additional scholarship or financial aid is awarded to complete the coursework already in progress, and students are not required to pay for those courses again.

Applicants understand that taking a leave of absence may delay graduation, delay taking a particular bar examination, require repayment of student loans, and may affect other aspects of their educational goals. Students have six years from the date they enter law school to complete their degree. A leave of absence does not toll that six-year time period.

Students must meet with the Assistant Dean of Student Affairs before returning from a leave of absence and students must submit evidence, e.g., documentation from medical provider, showing they are ready to return to school and complete their course of study.

Submit this form and supporting documents to lawstudentaffairs@uakron.edu or in person to Assistant Dean Charles Oldfield.

Reason for Leave of Absence Request:

Printed Name: _____ Student ID #: _____

Indicate Documentation Attached:

Name (printed): _____ Date: _____

Student Signature: _____ Cell Phone Number: _____

Direct questions to Assistant Dean Charles Oldfield (cwo@uakron.edu) 330-972-6750

FOR OFFICE USE ONLY

Leave of Absence Approved: _____ Date: _____

Semester and Year Approved: Spring _____ Fall _____
Year Year

Signature of Dean: _____ Date: _____

Leave of Absence NOT Approved: _____ Date _____ Dean's Initials: _____

Comments: _____

