

**CARLOS ALBIZU UNIVERSITY
MIAMI CAMPUS**

INSTITUTIONAL LEAVE AGREEMENT

Name: _____ Session and Year: _____
Email Address _____ Student Phone: _____
Social Security Number: _____

I understand: that it is my responsibility to inform Carlos Albizu University, Miami Campus Registrar's Office of each session I will not be enrolled for academic credits.

that I must acquire an official Institutional Leave and pay the corresponding fee of \$65.00 per session during the regular registration period if I am to be absent from class enrollment. An additional \$35.00 late fee if done during the add and drop period. The Institutional Leave of Absence fees are non-refundable.

that all Institutional Leaves are for a period of one session and must be renewed by the student for each session of requested leave. No more than three (3) consecutive sessions of Institutional Leave may be granted, unless approved by the President.

that students who remain out of the program for more than one (1) session, without an authorized Institutional Leave, will be required to apply for readmission under the Catalog in effect at the time of their re-entry, not the Catalog in effect during their previous admission.

that if I withdraw from Carlos Albizu University, I **must** send a letter stating the purpose of my decision to the Registrar's Office (this is a requirement for closing the student file). Not complying with this request will give place to voluntary withdrawal from Carlos Albizu University. Should I decide to attend classes after withdrawing, I must reapply to the Program, pay the corresponding fee, and proceed through the re-

that if this notice is not returned to Carlos Albizu University Registrar's Office by the deadline given below, my student status will become inactive.

Deadline: _____

Select one (1) of the following:

_____ I **will** continue studies at Carlos Albizu University.
_____ I **will not** continue studies at Carlos Albizu University and request formal withdrawal.

I acknowledge that I have read the above institutional Leave Agreement and will contact Carlos Albizu University Registrar's Office **immediately** to clarify my academic plans.

**ONLY 3 INSTITUTIONAL LEAVE OF ABSENCE PER ACADEMIC PROGRAM.
REQUEST MUST BE VERIFIED BY THE ACADEMIC ADVISOR.**

	Fees
1st _____ During regular registration _____	\$150.00
2nd _____	
3rd _____	

Verifying Academic Advisor Signature

Approval Signature
Required by Program Director. _____ Date: _____

Student Signature: _____ Date: _____

FOR FINANCE OFFICE USE ONLY

Amount Paid: _____ Date: _____ Check _____

Receipt Number: _____ Cashier: _____

PROCEDURES

1. Institutional Leave is an academic status which permits students to interrupt their program of study without penalty.
2. All leaves of absence are for a period of one academic session.
3. Present form to the Registrar's Office for verification.
4. Students must secure their Program Director's signature before submitting the Leave of Absence Form to the Finance Office.
5. The fees for the Leave of Absence are non-refundable.
6. A maximum of three leaves of absence are permitted.
7. Non-authorized leaves of absence will require a student to apply for re-admission.