

Academic Appeals Board

Leave of Absence Form

Student's name: _____

Student's McNally Smith Email Address: _____

Program: _____

Number of credits completed towards your degree/diploma. _____

Advisor: _____

Leave of Absence dates: _____

I am applying for a:

Military Leave of Absence _____

Medical Leave of Absence _____

Personal Leave of Absence _____

Professional leave of Absence _____

Statement of Appeal

Please give a statement regarding your appeal. If you have more to say then this space will allow, you may attach your Statement of Appeal

Documentary Evidence

Please give details and attach to this form any documentary evidence in support of your appeal. All documentation shall be retained unless otherwise specified.

a.

b.

c.

d.

e.

I declare that I have read the *Academic Appeals Board* procedures and that the information given on this form, and on any accompanying documentation, is a true statement of facts.

Signature: _____

Date: ____ / ____ / ____

Received in the Office of the Dean of Academic Affairs

- Date: ____ / ____ / ____
- Time: _____
- Received by: _____

Appeal Date: ____ / ____ / ____

Appeal Board decision:

- Approved
- Denied
- _____

Student informed of the decision by the Dean of Academic Affairs ____ / ____ / ____