



**HAWAI'I PACIFIC**  
UNIVERSITY

**Registrar's Office**  
Phone: 808-544-0239  
Fax: 808-5441168  
Email: registrar@hpu.edu

# Leave of Absence Form

A leave of absence is recommended for any fall or spring term in which a student does not wish to enroll in classes. Students wishing to request a leave of absence should consult with an academic advisor. This form must be completed for each fall or spring term the student intends to miss, up to a maximum of 2 consecutive semesters. Please submit form to:

Registrar's Office, 1164 Bishop Street, Suite 216, Honolulu, HI 96813

**First and Last Name**

**HPU Student ID Number (if known)**

**Address**

**Degree Program/Major**

**City, State and Zip Code**

**HPU Email**

**Phone**

<b>Have you received financial aid or scholarships?</b>	Yes	No	<b>Are you an international student?</b>	Yes	No
<b>Have you been assigned on-campus housing?</b>	Yes	No	<b>Are you a student athlete at HPU?</b>	Yes	No
<b>Are you currently enrolled at HPU?</b>	Yes	No	<b>Status :</b>	Undergraduate	
<b>If yes, will you complete the present semester?</b>	Yes	No*		Graduate	

*\*If you will not complete the semester, please note that it is your responsibility to drop all coursework and resolve all HPU accounts.*

## LEAVE OF ABSENCE

**Semester and Year of Leave:**

**Semester and Year of Anticipated Return to HPU:**

**Please select one of the following reasons for your leave of absence:**

<b>Family</b>	<b>Job/Work</b>	<b>Medical</b>	<b>Other:</b>
<b>Financial</b>	<b>Military</b>	<b>Personal</b>	

**My signature on this form certifies that I am requesting a leave of absence, transfer, or complete withdrawal from Hawai'i Pacific University. I also understand that withholding information or giving false information may make me ineligible for readmission.**

**Student Signature**

**Date**