



Application for Annual Leave Semester (continuing Domestic students only)



Print Name _____ Student ID # _____

Term in which you want to be on a leave semester: Please circle and fill in: F W S 20_____

Applications are due before the leave semester begins. Be aware that all students may discontinue and then reapply to BYUH. Receiving a leave semester to not attend classes and then be term activated for the following semester is available for those who meet the following criteria.

Student Acknowledgment

I understand that I may not take any classes during my leave semester in _____ and that I will return in _____.

I understand that I will not have Housing or automatic SMB Benefits.

I recognize that I will need to consult with Financial Aid about any scholarship or grant implications.

I understand that I will be term activated for the semester after my Annual Leave Semester and I will be expected to enroll in on-campus classes.

I understand that if I do not return the semester after my Annual Leave Semester I will need to reapply.

I have read and understand the above stipulations. *Student initials* _____

Academic Advisor Approval

I have reviewed this student's MAP and this will fit in the student's allotment: Y N

Academic Advisor approval: _____ Academic Advisor denial: _____

If approved by an advisor:

Please return this form to the Registrar's Office.

(Be aware that you will not be covered by SMB during the Leave and any pregnancy beginning before returning will not be covered upon return).