Oklahoma State Regents For Higher Education Regional University Baccalaureate Scholarship Leave of Absence Request

Participants may take a leave of absence from the program for a period of time during which the student is not enrolled in college courses.

Name:				
SSN:	College Student ID Nun	nber		
Mailing Address:Street				
Street Telephone No.: ()		State	Zip	
Institution where you are currently enrolled: _Check the reason for which you are requesting				
CO-OP Program	Church mission	Employment		
Illness	Study Abroad	Other - Please explain:		
Please provide supporting medical do In the space indicated, check those semesters			escribing your cire	cumstances.
Fall 2023	Spring 2024	_ F	Fall 2024	
Cumulative Grade Point Average Students must also earn 12 credit hours for ea point average or credit hour deficiency.)				
I, the undersigned Regional University Scho understand that if it is proven otherwise, I for any changes concerning my leave, I will in institution where I am currently enrolled.	feit my remaining semester	rs in the prograi	n. I also understa	nd that if there are
Signature of Regional Baccalaureate Scholar			Date	ACCUMIS FOR
Signature of College/University Coordinator				ASUNUAL TOTAL TOTA