

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 Number _____

Mailing Address: _____
Street City State Zip

Telephone No.: (____) _____ Email: _____

Institution where you are currently enrolled: _____

Check the reason for which you are requesting a leave of absence:

____ CO-OP Program

____ Church mission

____ Employment

____ Illness

____ Study Abroad

____ Other - Please explain:

Please provide supporting medical documentation and a written statement describing your circumstances.

In the space indicated, check those semesters for which you are requesting leave.

Fall 2024 _____

Spring 2025 _____

Fall 2025 _____

Cumulative Grade Point Average _____ (A minimum 3.25 GPA is required for continuing eligibility in the program. Students must also earn 12 credit hours for each semester not on leave. A leave of absence may not be used to remedy grade point average or credit hour deficiency.)

I, the undersigned Regional University Scholarship recipient, hereby confirm that the above information is correct, and I understand that if it is proven otherwise, I forfeit my remaining semesters in the program. I also understand that if there are any changes concerning my leave, I will immediately notify the Oklahoma State Regents for Higher Education and the institution where I am currently enrolled.

Signature of Regional Baccalaureate Scholar

Date

Signature of College/University Coordinator

