

UNLV LEAVE OF ABSENCE FOR INVOLUNTARY DEPLOYMENT

Please type or print clearly in blue or black ink.

STUDENT INFORMATION

DATE: _____

NSHE ID: _____ PROGRAM OF STUDY: _____

LAST NAME: _____ FIRST NAME: _____

REBELMAIL: _____ PHONE: _____

ADMIT TERM/YEAR: _____ I AM ON ACTIVE DUTY: YES NO

CHOOSE ONE: Undergraduate Masters Ph.D. Certificate Professional

DEPLOYMENT INFORMATION

LAST GRADED TERM (IE: Fall 2012): _____ ESTIMATED RETURN DATE (MMDDYYYY): _____

LAST DATE I ATTENDED LAST CLASS (current term of enrollment MMDD): _____

DEPLOYMENT DATE (Copy of deployment order is mandatory, MMDD): _____

COURSE INFORMATION – Skip this section if you are currently not enrolled.

Please choose one option for each class:

Opt A: Withdraw (will be responsible for health insurance and non-refundable fees, but not tuition) no signature needed.

Opt B: If class is 60% completed, get an incomplete with **instructor signature of approval**. You will have 1 year after returning from active duty to fulfill this Incomplete. Extensions are acceptable per the catalog policy on incomplete grade extensions.

Opt C: If class is 60% completed, take an early final exam and obtain a final grade with **instructor signature of approval**.

Opt D: If class is 60% completed, finalize grade based on performance up to that point with **instructor signature of approval**.

Class & Course number <i>Example: HIST 101</i>	Option <i>Opt A</i>	Instructor signature for Opt B-D and Date <i>no signature required</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

STUDENT SIGNATURE – By signing below, I certify all information included on this form and its attachments to be accurate. I am aware of what implications this leave of absence may have on my student and financial record. I am also aware that I am responsible to communicate any changes in my deployment to my base education center and to the Military & Veteran Services Center as soon as possible.

STUDENT SIGNATURE _____ DATE _____

REQUIRED SIGNATURE

VA CERTIFYING OFFICER _____ DATE _____

GRADUATE STUDENTS ONLY – Return completed form to Graduate College - University Gateway Bldg (GTW), Suite 200

Office Use Only:	Received on: _____	Initial: _____
DEPARTMENT CHAIR/GRADUATE COORDINATOR _____	DATE _____	DEAN, ACADEMIC COLLEGE _____
DEAN, GRADUATE COLLEGE _____	DATE _____	DATE _____

UNDERGRADUATE STUDENTS ONLY – Return complete form to the Enrollment Service Center in SSC-C.

Office Use Only:	Received on: _____	Initial: _____
PROCESSING OFFICER, OFFICE OF THE REGISTRAR _____	DATE _____	