



OHIO NORTHERN UNIVERSITY

Leave of Absence

Registrar's Office
525 S. Main Street
Ada, OH 45810
(419) 772-2024
FAX (419) 772-2627
registrar@onu.edu

This form should be used when a student is taking a leave of absence from ONU. (Leaves of absence could be for reasons of military service, medical or family situations, or other extenuating circumstances.) Leaves of absence should not be for more than two terms, not counting summer. Student will return under the same catalog year unless noted on their re-entry form. Only the Dean's Office can originate this form.

Directions: Upon completion of this form, please save and email as an attachment to:
business@onu.edu bursar@onu.edu engineering@onu.edu a-and-s@onu.edu pharmacy@onu.edu
reslife@onu.edu law-admission@onu.edu mailroom@onu.edu financial-aid@onu.edu
admissions-ug@onu.edu s-agin@onu.edu registrar@onu.edu

_____ ONU ID #	_____ LAST NAME, FIRST NAME	
_____ COLLEGE	_____ MAJOR	_____ CELL PHONE #
_____ ONU EMAIL	_____ ALTERNATE EMAIL	_____ ALTERNATE PHONE #

INFORMATION HAS BEEN RECEIVED **FROM THIS STUDENT (NOT PARENT)** THAT S/HE WILL BE TAKING A LEAVE OF ABSENCE:
FINISHING THE CURRENT TERM? EXP. TERM OF RETURN: CONTACT:

A PHONE CALL from a student/parent/or anyone IS NOT an ACCEPTABLE FORM OF LEAVE OF ABSENCE NOTICE
Proper documentation (letter, signed notice, email from ONU account, etc.) must be obtained and sent to Registrar's Office with this form.

REASON FOR LEAVE OF ABSENCE:

Form Originator Signature _____
Date

If withdrawing completely from the current term, please complete this section.

Dean, Assoc. Dean or Assist Dean
Signature and Date

Controller
Signature and Date

Last Day of Attendance:

Office of Residence Life
Signature and Date

Financial Aid
Signature and Date

Processed by: _____ Date: _____