



Student
 Military Leave of Absence (MLOA)
Authorization Form

If you are requesting leave for military service, you must give advance written notice by completing this form. You must also submit a copy of military orders as soon as they are available. In the rare case where you are required by the military to leave immediately, a family member or other designated party may submit a copy of the orders and complete this form for you. The WSU Director of Veteran Student Services is available for consultation and guidance.

Please check the appropriate line:

- Short Period of Military Duty (Up to 2 weeks)
- Extended Period of Military Duty (More than 2 weeks)
- Spouse of Service Member Called to Active Duty

Please indicate the start and stop dates of your military leave of absence from Wichita State University:

My military leave of absence will begin on (date) _____
 I plan to return to school on (date) _____

In the space below, briefly describe the voluntary or involuntary active duty service in the U.S. armed forces, including active duty for training and National Guard or Reserve service, under federal authority, that requires you to request a MLOA from Wichita State University:

Please complete the following information:

Full name:	
Mailing address:	
City, State, Zip:	
myWSU ID#:	
Best phone number:	
Secondary phone number:	
Best email:	
Secondary email:	
Current major:	

Student Signature

My signature below indicates that I:

- a) Am in agreement with the academic plan described above,
- b) Authorize Wichita State University to make the necessary adjustments to my registration,
- c) Will notify *military@wichita.edu* if I plan to return earlier than the period of time requested on this form,
- d) Certify that information provided on this form is true and correct,
- e) Have attached to this form a copy of my military orders indicating the date on which I must report to military duty,
- f) Have read the Wichita State University *Student Military Leave of Absence Policy*.
- g) *Will deliver this signed form to the Director of Veteran Student Services*

Student Signature

Date

Director of Veteran Student Services Signature

My signature below indicates that I:

- a) Have met with this student
- b) Have reviewed the military orders attached;
- c) Agree that this student is eligible for a MLOA in accordance with the Wichita State University *Student Military Leave of Absence Policy*.
- d) Will deliver this form to the dean of the appropriate academic college.

Director of Veteran Student Services Signature

Date

College Dean Signature

My signature below indicates that:

- a) I, or a member of my administrative team, have met with this student;
- b) I have reviewed the military orders attached;
- c) I am recommending approval of this Application for Military Leave of Absence;
- d) I am in agreement with the academic plan described above, and have verified that each instructor has indicated approval with their name and signature;
- e) My office will submit a copy of this completed form to the distribution list below.

College Dean's Signature

Date

Dean's Office Distribution list:

- Registrar
- Housing and Residential Life (if applicable)
- Student/Authorized Agent
- Veteran Student Services

- Financial Aid
- College Advising Office
- Course Instructors (if applicable)