

Student Military Leave of Absence (MLOA) <u>Authorization Form</u>

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.

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)
Spouse of Service Member Called to Active Duty Please indicate the start and stop dates of your military leave of absence from Wichita State Universi My military leave of absence will begin on (date) I plan to return to school on (date)
Please indicate the start and stop dates of your military leave of absence from Wichita State Universi My military leave of absence will begin on (date) I plan to return to school on (date)
My military leave of absence will begin on (date) I plan to return to school 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. armore forces, including active duty for training and National Guard or Reserve service, under federal author
that requires you to request a MLOA from Wichita State University:
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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:

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		_	=	al Arts and Scie	nces			
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						is your responsibility as the s		
to deve	elop th	iis academic p	an in conjunct	ion with your ir	structor(s)	. All instructors must indicate	te their	
approv	ral of t	he academic _l	olan with their	name and sign	ature.			
1)						st the courses that are affect		
	namo	e of the instru	ctor, and the m	nutually agreed	upon plan t	to make up any missed work	within	
						h a separate page, if needed		
						onsibility as the student to		
						in advance as possible, so		
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21		appropriate accommodations can be made. For an Extended Period of Military Duty (More than 2 weeks), if you are currently enrolled (or						
2)		II EXTERNOSO PE	egistered) please indicate if you will be withdrawn from the current term, or if other					
2)							ed (or	
2)	regis	tered) please i	ndicate if you	will be withdrav	wn from the	e current term, or if other		
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Student Signature

My signature below indicates that I:

Veteran Student Services

- 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						
Studer	nt Signature	Date					
Direct	tor of Veteran Student Services Signa	ture					
My sig	nature below indicates that I:						
a)	Have met with this student						
b)) Have reviewed the military orders attached;						
c)	c) Agree that this student is eligible for a MLOA in accordance with the Wichita State Uni						
	Student Military Leave of Absence Policy						
d)	Will deliver this form to the dean of the	appropriate academic college.					
Direct	or of Veteran Student Services Signature	Date					
Colle	ge Dean Signature						
My sig	nature 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 comp	pleted form to the distribution list below.					
Colleg	e Dean's Signature	 Date					
Colleg	e Dean's Signature	Date					
Dean's	s Office Distribution list:						
Regis		Financial Aid					
Hous	ing and Residential Life (if applicable)	College Advising Office					
Stude	ent/Authorized Agent	Course Instructors (if applicable)					