

Wichita State University
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 Military and Veteran 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:	

Please indicate which academic college you are enrolled in at WSU:

- ☐ College of Education
- ☐ College of Engineering
- ☐ Fairmont College of Liberal Arts and Sciences
- ☐ College of Fine Arts
- ☐ College of Health Professions
- ☐ W. Frank Barton School of Business
- ☐ Honors College
- ☐ Graduate School
- ☐ Other

Academic Plan

Please describe the academic plan for the duration of this MLOA. It is your responsibility as the student to develop this academic plan in conjunction with your instructor(s). **All instructors must indicate their approval of the academic plan with their name and signature.**

- 1) For a Short Period of Military Duty (Up to 2 weeks), please list the courses that are affected, the name of the instructor, and the mutually agreed upon plan to make up any missed work within a reasonable time frame without penalty to your grade (attach a separate page, if needed). *In addition to completing the MLOA application, it is your responsibility as the student to communicate in writing directly with each instructor, as far in advance as possible, so appropriate accommodations can be made.*
- 2) For an Extended Period of Military Duty (More than 2 weeks), if you are currently enrolled (or registered) please indicate if you will be withdrawn from the current term, or if other arrangements have been made (please refer to the Wichita State University *Student Military Leave of Absence Policy* for a complete list of all options).

Please list the courses that are affected, the name of the instructor, and the mutually agreed upon plan to make up any missed work within a reasonable time frame without penalty to your grade (attach a separate page, if needed).

COURSE	ACADEMIC PLAN	INSTRUCTOR NAME AND SIGNATURE

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 veterans.services@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 Military and Veteran Services

Student Signature

Date**Director of Military and Veteran 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 Military and Veteran 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)	
Financial Aid		Course Instructors (if applicable)	
College Advising Office		Student/Authorized Agent	
Veteran Student Services			