



NEVADA PROMISE SCHOLARSHIP LEAVE OF ABSENCE FORM

Leave of Absence Information:

- A leave of absence (LOA) allows a student to suspend his or her awarding for a period of time rather than withdrawing from the scholarship program entirely.
• A LOA may be granted to a student if requested before or during the first semester in which said leave of absence would commence.
• An LOA request form must be completed each year requested. No more than four (4) years are allowed.
• If a student does not resume attendance at College of Southern Nevada on or before the end of an approved LOA date, the LOA becomes null and void.

Eligibility

- Student must be in academic good standing and meet satisfactory academic progress (SAP).
• Student must have no hold on their MyCSN account that would restrict registration.
• Student must have completed all Nevada Promise Scholarship eligibility requirements for the semester prior to the LOA.
• Student may be subject to additional requirements established by the Nevada Promise: Policy and Procedures.

Students may request a leave of absence from the Nevada Promise Scholarship Program for:

- An illness or serious medical problem of the student or a member of the student's immediate family;
• Extreme financial hardship for the student or a member of the student's immediate family;
• Engaging in any activity required or encouraged for members of the student's religious faith;
• Mobilization of the students unit of Armed Forces of the United States or National Guard; or
• Any other extraordinary circumstances beyond the control of the student that would create a substantial hardship for the student, as determined by College of Southern Nevada.

Student's Information

NSHE ID: _____

First Name: _____ Last Name: _____

Phone: _____ Email: _____

Beginning LOA date or semester: Month _____ Day _____ Year _____

Ending LOA date or semester: Month _____ Day _____ Year _____

Please attach a typed or printed statement, which specifically identifies the reason for the leave of absence request. Forms received without the required statement will receive automatic denial. Must provide supporting documentation.

Certification and statement of understanding:

I, _____, certify that the information contained within this request, including all attachments and enclosures, is accurate and truthful. I understand this information may be shared with members of the CSN Nevada Promise Implementation team, and as part of my permanent student file, may be reviewed by CSN employees, their agents, or others contracted by CSN to evaluate the administration of the Nevada Promise Program at CSN. I also understand that if approved, this is not a guarantee of Nevada Promise Scholarship, as this is based on funding availability and other Nevada Promise guidelines.

Student Signature: _____ Date: _____

Office Use Only

Granted Denied

Notes: _____

Informed the student on _____