



# Undergraduate Planned Educational Leave Program Petition

*This program is for a one-time, voluntary, temporary, planned pause in a student's regular, full-time education. It should only be used if the student plans on being away from the university for more than four terms. Students who may be suspended or required to take an involuntary leave from OSU for academic and/or conduct reasons are not eligible for this program. See Academic Regulation 13c. Students receiving financial aid need to contact the Financial Aid Office. There is a \$25 nonrefundable processing fee for approved petitions.*

## OSU Student Accounts:

Statements will continue to be issued until balance is paid in full (interest will accrue on unpaid balances), however no collection action will be taken until PELP expires; 2) Standard Registration and Transcript hold policies will apply (the only exception is a transcript sent directly to an employment opportunity as defined in PELP); 3) Balance will need to be \$2,200 or below to remove Registration holds; and 4) Standard Account policies apply once student has returned to the university. For questions regarding accounts please call: 541-737-3775.

Name: \_\_\_\_\_ OSU ID #: \_\_\_\_\_  
*Last First Middle*

Last term attended: \_\_\_\_\_ Returning term: \_\_\_\_\_

*Petitions are due before the end of the next regular academic term (fall, winter, spring) after the last term attended. The absence may be for up to 6 consecutive regular academic terms (not including summer terms): 2 years total.*

## Contact Information

Current mailing address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone #: \_\_\_\_\_

### During your leave of absence:

Effective beginning date: \_\_\_\_\_ Ending date: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Email address: \_\_\_\_\_

## About Your Absence

### Please answer the following questions:

- Yes  No Are you taking classes at OSU this term?
- Yes  No If yes, are you planning on completing these classes?
- Yes  No Are you planning on coming back to the university within two years?

### Check one or more of the following reasons for your planned leave of absence & briefly explain:

- Family: \_\_\_\_\_
- Personal: \_\_\_\_\_
- Academic: \_\_\_\_\_
- Financial: \_\_\_\_\_
- Military: \_\_\_\_\_
- Religious: \_\_\_\_\_
- Public Service: \_\_\_\_\_
- Other (please specify): \_\_\_\_\_



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**Optional Alternative Contract:**

*Students may authorize an alternate person to be contacted by the university during their absence.*

Enrollment records    Billing/Student accounts information    Financial Aid    Grades

Other (please specify): \_\_\_\_\_

Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Email address: \_\_\_\_\_

*By signing below, I authorize the above named person as my alternate contact and I am requesting that Oregon State University release the above checked information to this person concerning my accounts if I am unable to be contacted until my designated return term. I am also authorizing the above named alternate person to contact the university and conduct business on my behalf.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Required Recommendations and Signatures:**

**College Head Advisor:**

Reviewed with student:  Yes    No

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office of Student Conduct:**

Approve    Disapprove

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Statement:**

*By signing below, I am confirming that I have read Academic Regulation 13d, I understand the terms and conditions, and I understand that if my absence exceeds the maximum time I will no longer be under this policy and that I will have to file for readmission to the university.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Military Students:**

*You are eligible for more than one planned leave of absence. All military personnel who are deployed for military service may submit a voluntary leave request for each deployment. Students who are deployed for military service will not be charged the \$25 application fee. Please attach a copy of your deployment orders to this petition.*

**Registrar's Office Official Use Only:**

Date received: \_\_\_\_\_ Academic & conduct standing: \_\_\_\_\_

Petition:  Approved    Denied – Reason: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_