



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

[Redacted]

[Redacted]

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 which academic college you are enrolled in at WSU:

- College of Education
- College of Engineering
- Fairmount College of Liberal Arts and Sciences

- College of Fine Arts
- College of Health Professions
- W. Frank Barton School of Business
- Honors College
- Graduate School
- Institute for Interdisciplinary Creativity

### 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of Military Duty (More than 2 weeks), if you are currently enrolled (or registered) please indicate if you will be withdrawn from the current term, or if other

Student Signature

Signature

a) Am in agreement with the academic plan described above,

b) I request Wichita State University 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*.