



REGENTS' SCHOLARSHIP
 PO BOX 145114
 SALT LAKE CITY, UT 84114
 REGENTSSCHOLARSHIP@USHE.EDU
 801-321-7159

PURPOSE OF A LEAVE OF ABSENCE

A leave of absence is used to put your Regents' Scholarship "on hold." Use the leave of absence application if you have qualified for and received one or more scholarship payments. A leave of absence is generally used when you are serving in the military, have a major medical issue, or for humanitarian/religious service reasons. Leave of absence requests for reasons such as traveling, attending a non-eligible college/university or working to save money will not be approved. Requests for a leave of absence are evaluated on a case-by-case basis, with no guarantee of approval. Even if you are granted a leave, the scholarship will still expire five years from the date of high school graduation.

APPLYING FOR A LEAVE OF ABSENCE

Leave of absence request are due by the following deadlines:

- **August 1** if seeking a leave beginning Fall semester
- **January 15** if seeking a leave beginning Spring semester (Winter semester if attending BYU)

LEAVE OF ABSENCE DUE TO HUMANITARIAN/RELIGIOUS SERVICE REASONS

- You must be of age to serve and set your availability to serve prior to **December 1** (if seeking a leave for Fall semester) or **April 1** (if seeking a leave for Spring semester or Winter semester for those attending BYU). You will need to submit documentation verifying this with the leave of absence application. If you do not yet have your mission call, the request may be granted on a provisional basis until you have submitted a copy of your mission call to the Regents' Scholarship office.
- If you will not be of age to serve a mission and do not set your availability date as outlined above, you will not be eligible for a leave of absence. Therefore, to remain eligible for the scholarship, you will need to continue attending school enrolling in 15 credits.
- If you return early from your mission, you must contact the Regents' Scholarship office immediately as the terms of the leave of absence are now void. Failure to do so may result in the forfeiture of the scholarship.

LEAVE OF ABSENCE DUE TO MEDICAL REASONS

- If you are seeking the leave of absence due to medical reasons, you must provide a formal doctor's note describing your individual circumstances which prevent you from meeting the scholarship requirements. Information related to the medical condition must be current (less than 3 months old).
- Leave of absence requests related to medical reasons are typically only approved a semester at a time.

TIPS AND CONSIDERATIONS

1. We STRONGLY recommend that you complete a [Student Information Release form](#) especially if the leave of absence is for a reason that would make it difficult for the Regents' Scholarship office to communicate directly with you. By submitting the [Student Information Release form](#), you are allowing someone other than yourself to obtain information regarding your scholarship account. The form can be found on www.regentsscholarship.org, and is also contained within the leave of absence application.
2. When returning from a leave of absence, you will follow the instructions provided on the [Instructions for Renewing](#) in order to "re-activate" your scholarship.



UTAH SYSTEM OF HIGHER EDUCATION

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This leave of absence application is to be used by students who have qualified for and received at least one award payment for the Regents' Scholarship Exemplary Academic Achievement Award, to request a leave of absence from the traditional semesters of Fall and Spring or Fall and Winter if attending BYU. You do not need to complete this form if you are taking leave for Spring term, Summer term or Summer semester. You are encouraged to complete the attached Student Information Release Form if you will be unavailable for an extended period of time, such as while serving in the military or a humanitarian/religious mission. Applications for leave of absence are due (postmarked) by:

- **August 1**, for Fall Semester
- **January 15**, for Spring Semester (Winter Semester for those attending Brigham Young University)

Note: Awards amounts are determined on an annual basis and are subject to legislative funding and the total number of qualified participants. Therefore, award amounts may be reduced, may vary from year to year, and are dependent on when the recipient is enrolled in college.

First Name _____ Middle _____ Last _____

Mailing Address _____ City _____ State _____ Zip _____

Telephone Number _____ - _____ - _____ E-mail address _____

My leave of absence request is related to: Medical/Health Military Humanitarian/Religious Service
 Other (please specify) _____

What college are you currently attending? _____

What is your college major and minor? _____

Indicate the beginning date and semester for which you are requesting an approved leave to begin (check one):
 Leave Begin Date: _____/_____/_____ Fall Winter Spring Summer Year _____

Indicate the end date and semester you will enroll in once your deferment has ended (check one):
 Leave End Date: _____/_____/_____ Fall Winter Spring Summer Year _____

Should the circumstances related to your leave request change, such as returning home early from your mission, it is your responsibility to immediately contact the Regents' Scholarship office for instructions on how to reinstate your scholarship.

Required Documents to Submit With the Application Are:

1. Proof of completion from the last semester that you received a scholarship payment. The proof of completion must show your name, your college /university ID#, college attended, semester, title of courses, semester GPA and credit hours completed.
2. A one page (maximum) statement, signed by the student, providing reasons for requesting a leave of absence.
3. Supporting documentation related to the leave of absence request.
 - If applying for a leave of absence due to medical reasons, you must include a doctor's note (on office letterhead).
 - If applying for a leave of absence due to serving a LDS humanitarian/religious service mission:
 - You must include a **copy of the mission call letter** indicating when you will depart.
 - If you have not yet received your mission call at the time of application, you must include a letter (on letterhead) from your ecclesiastical leader stating the intent to serve a mission, leaving prior to **December 1** for Fall Semester) or **April 1** (for Spring/Winter Semester). You will be required to submit a copy of your mission call once you have received it.

I understand that by submitting this form I am not guaranteed an approved leave of absence. I understand that if the request for a leave of absence is denied I will need to enroll in 15 credit hours for the semester. I acknowledge this is not a leave of absence application for a college. If my leave of absence is approved, it is my responsibility to meet the deadlines for submitting documentation in order to receive the scholarship award once my leave of absence has ended. I am responsible for contacting the scholarship office should my situation related to the leave of absence reason change. Failure to do so will result in forfeiture of the scholarship. I certify that all information regarding my request for a leave of absence is true and correct.

Student Signature _____ **Date** _____



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Student information is governed by the Family Educational Rights and Privacy Act (FERPA). This act extends privacy rights to students, age 18 and over, regarding their educational records and information. If the student wishes to give permission to a specified person to access their confidential educational records (grades, financial information, etc.) the following form must be filled out and mailed to:

Utah System of Higher Education
Regents' Scholarship
PO BOX 145114
Salt Lake City, UT 84114-5114

Note: This form must be mailed, it cannot be faxed, emailed or uploaded through your student portal.

STUDENT INFORMATION

First Name Last Name MI
Street Address
City State Zip
Birth date

I, the undersigned, grant permission for the release of any of my personal educational records regarding the Regents' Scholarship to person(s) listed below. I understand that this does not allow the individual(s) to make changes to my account, but only have access to the information.

Student's Signature Date

NAME OF PERSON(S) TO BE GIVEN PERMISSION OF RELEASE

First Name Last Name MI
Relationship to Student
Street Address
City State Zip
Phone number:

First Name Last Name MI
Relationship to Student
Street Address
City State Zip
Phone number: