

Oglala Lakota College Graduate Studies Department

Admission deferment, leave of absence, or program withdrawal Form



STUDENT INFORMATION:

Last Name	First Name	Middle Initial
Mailing Address	City	State
Home Phone	Cell Phone	Alternate Phone
Primary Email address	Secondary Email Address:	

INTENDED DEGREE PROGRAM: (please check box below)

Lakota Leadership and Management:	
Lakota Leadership and Management: Education Administration	

Date you have attended the Graduate Studies Orientation	
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ADMISSION DEFERMENT FOR ADMITTED STUDENTS:

The purpose of this section is to request an Admission Deferment. Admission deferment is intended for the students who have been accepted to the Oglala Lakota College Graduate Studies Program, but are unable to attend during the semester originally planned. The form must be completed as an official notification to request that their entrance into their graduate program be deferred until the specified date. Admission deferments will be considered for a maximum of one (1) calendar year. An admission deferment means the student may begin the academic program in a designated future semester without reapplying for admission. During the admission deferment, students are considered accepted into the program; however are not enrolled or registered for courses during the designated period of deferment requested. A student entering the program upon completion of a requested deferment will follow any changes to the Graduate Program status sheet, course syllabi and program assessments. **Note:** If you choose to defer your admission into the program and have not officially requested an admission deferment and if the deferment was not approved, you will be required to reapply into the program.

Dates requesting admission deferment:					
Please indicate the semester and year you <i>were expected to attend</i> :					
Fall		Spring		Year	
Please indicate the semester and year you <i>will attend</i> :					
Fall		Spring		Year	

LEAVE OF ABSENCE FOR CONTINUING CANIDATES:

The purpose of this section is to request a Leave of Absence. A Leave of Absence is intended for students who have been officially accepted to and enrolled in a graduate program at Oglala Lakota College and who wish to stop out of the Graduate Program. The Graduate Studies Department will determine if it is in the best interest of the student to place them on an approved Leave of Absence. If approved students will be placed in a hiatus status for each semester the student is on an approved leave of absence. Keep in mind, OLC Graduate Policy: Section III, Part H, subpart 2, *“Former degree seeking students of OLC Graduate Program not enrolled for four (4) semesters or longer, must reapply for admission to the graduate program. Students must meet admission requirements for the specified master’s degree they are seeking as defined in the Graduate Studies Handbook.”* (pg.4)

Students on a Leave of Absence will not be required to re-apply for admissions to the Graduate Program while on an approved leave of absence. Students will need to contact the Graduate Studies Department to continue their enrollment and register for classes when the leave of absence has expired.

Please note: Students who stop out of continuous enrollment and do not apply for a Leave of Absence will be contacted. Until the student status is confirmed. If the student does not respond after three attempts, the student will be inactivated and will need to reapply for admission to the Graduate Program. Students will be presumed withdrawn. A Leave of Absence does not stop the time frame for degree completion and students will be subject to the time limits discussed below.

Time Limitations: OLC Graduate core and professional course credits older than six (6) years from the date successfully completed must be retaken if the student has been inactive for six (6) or more years.

Dates requesting leave of absence:

Please indicate the semester and year you *are requesting a leave of absence:*

Fall		Spring		Year	
Please indicate the semester and year you <i>anticipate returning (registering for classes) to the Graduate program:</i>					
Fall		Spring		Year	

PROGRAM WITHDRAWAL:

The purpose of this section is for students who have decided to withdrawal from the Oglala Lakota College Graduate Studies program. A program withdrawal is primary for those students who no longer wish to pursue a Master’s Degree in Lakota Leadership and Management or Lakota Leadership and Management: Education Administration. A student can submit a program withdrawal section if they wish to withdrawal from the program for an extended period of time, beyond an admission deferment or leave of absence. Students must complete the entire program withdrawal section. The Graduate Studies Department may contact you regarding your request to withdraw. We may request additional information or an exit interview from you. Students who complete a program withdrawal, must reapply and be accepted into the program, regardless of the number of credit hours received.

Please provide the date of your acceptance into the program	
Were you accepted as a conditional student or did you receive full acceptance into the program?	
How many credit hours have you completed toward the Master of Arts degree through the Oglala Lakota College?	

Do you plan on returning to the Oglala Lakota College in the future?

Why or why not? Please explain.

During your time with the Oglala Lakota College Graduate Program, how satisfied were you with the instruction?

Very satisfied
 Somewhat satisfied
 Satisfied
 Somewhat not satisfied
 Not satisfied:

Please explain:

During your time with the Oglala Lakota College Graduate program, how satisfied were you with the course work?

Very satisfied
 Somewhat satisfied
 Satisfied
 Somewhat not satisfied
 Not satisfied:

Please explain:

During your time with the Oglala Lakota College Graduate program, how satisfied were you with advisement?

Very satisfied
 Somewhat satisfied
 Satisfied
 Somewhat not satisfied
 Not satisfied:

Please explain:

During your time with the Oglala Lakota College Graduate program, how satisfied were you with the overall program?

Very satisfied
 Somewhat satisfied
 Satisfied
 Somewhat not satisfied
 Not satisfied:

Please explain:

Reason for request of ADMISSION DEFERMENT, LEAVE OF ABSENCE or PROGRAM WITHDRAWAL:

Please check the box and provide an explanation below.

Family	<input type="checkbox"/>	Financial	<input type="checkbox"/>	Cost of: text, tuition, or both (circle one)	<input type="checkbox"/>
Career/employment responsibilities	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	Other: list here	<input type="checkbox"/>

Please explain why you are requesting a deferment a leave of absence at this time, or wish to withdraw from the Master of Arts degree through the Oglala Lakota College?

Explain here:

Please Note: If you have already enrolled in courses for the upcoming semester, it is your responsibility to drop these courses either through your OLC college center counselor or by contacting the Graduate Studies Department at 605-455-6007

STUDENT SIGNATURE:

To the best of my knowledge, my answers provided on this form are complete and accurate. I understand that I will be informed when my request for admission deferment/leave request has been received and approved by the Graduate Studies Department. I also understand that I have a right to withdraw my deferment/leave of absence if I plan on registering for the course prior to the end of the specified date. However, I understand that deferments/leave of absence cannot be extended. (Refer to time limitations on courses and program completion).

Signature: _____ Date: _____

Please submit form to:

Graduate Studies Department
P.O. Box 490
Pine Ridge, SD 57752
(605) 455-6131 fax
dfrank@olc.edu, dcournoyer@olc.edu, afisher@olc.edu

OFFICE USE ONLY:

Received by _____ **Date** _____

Graduate Studies Director approved/disapproved _____ **Date** _____

Informed student deferment/leave of absence/program withdrawal received Email Letter

Notified By: _____ **Date:** _____

Informed student deferment/leave of absence/program withdrawal approved/accepted Email Letter

Notification sent By: _____ **Date:** _____

Informed student deferment/leave of absence/program withdrawal ending Email Letter

Notification sent By: _____ **Date:** _____