



LEAVE OF ABSENCE REQUEST

THIS REQUEST MUST BE SUBMITTED WITH SUPPORTING DOCUMENTATION AND A PROGRESSION PLAN

Last Name: _____ First Name: _____

Student ID number: _____ Currently Enrolled: Yes No

If NO, last term of enrollment: _____

Requested Leave Start Date: _____ Term: _____

Requested Leave End Date: _____ Term: _____

Anticipated Return Term: _____

Reason for Request:

Submitting this form does not guarantee approval of a leave of absence.

Signature of Student: _____ Date: _____

Signature of Advisor: _____ Date: _____

Signature of Program Dean: _____ Date: _____

FOR OFFICE USE ONLY:

Date Received: _____

Decision of Ad Hoc Committee and Notes: _____

Student/Advisor/Dean Notified: _____

Registrar Notified: _____