REQUEST FOR LEAVE OF ABSENCE
Office of the Dean of Academic Services

Student Name: _______________________________ ID Number: __________

Major(s): ________________________________ Minor(s): ______________

Address: Street: ___________________________ Advisor: ______________

City: ______________ State: _____ Zipcode ______

Term for which leave of absence is requested: Fall 20 _____ Spring 20 _____ Su 20 _____

NOTE: During their Leave of Absence, a student may not live on campus or participate in the Student Work Experience Program.

Justification of Request (to be completed by the student): Documentation should be attached as needed.

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Student Signature ___________________________ Date __________

Action Approved _______ Action Denied ________

Signature of Dean of Academic Services ___________________________________

(Revised 7/19/16)