

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.

Student Signature _____

Date _____

Action Approved _____

Action Denied _____

Signature of Dean of Academic Services