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** _____

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Signature of Dean of Academic Services

(Revised 7/19/16)