LEAVE OF ABSENCE

Students use this form to formally request an official Leave of Absence for a specific amount of time. Leave of Absence will not be considered official until the form with appropriate signatures is returned to the Registrar's Office and processed.

Last Name: _______________________________     First Name: _______________________________

Permanent Address:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Email Address: ________________________________     DOB: ________________________________

Reason for leave:
☐ Academic  ☐ Financial  ☐ Medical  ☐ Personal

(Please Specify):
____________________________________________________________________________________
____________________________________________________________________________________

Effective from (dd/mm):_____________________ semester: _____________ year: _____________

Final day of absence (dd/mm):______________ semester: _____________ year: _____________

Required Signatures:

____________________________________________________________________________________

Student                                             Date

____________________________________________________________________________________

Academic Advisor                                    Date

____________________________________________________________________________________

Dean of Academic Affairs                             Date

Office use:

____________________________________________________________________________________

Date received                                      Date processed                         Processed by

Notes:________________________________________________________________________________