



Office Use Only
___ Approved
___ Denied

OFFICE OF THE REGISTRAR Request for a Leave of Absence

NAME: _____ ID#: 000 - _____

YEAR: _____ TERM: _____ SESSION: _____

Registered classes:

Course ID	Section #	Lec/Lab	Instructor	Day	Time

I wish to request a Leave of Absence for the following reason:

I have included documentation to support my request

STUDENT SIGNATURE

DATE

ADVISOR/PROGRAM DIRECTOR SIGNATURE

DATE