Office Use Only
___ Approved
___ Denied

GEORGIAN COURT UNIVERSITY

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:

_____

_____

_____

_____

_____

_____

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_____

_____

_____

☐ I have included documentation to support my request

_____ _____

STUDENT SIGNATURE DATE

_____ _____

ADVISOR/PROGRAM DIRECTOR SIGNATURE DATE