



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