



Leave of Absence Request Form

Student's Full Name: ID#:

Faculty: Major:

Undergraduate Graduate

Fall Spring Summer Year:

Student's Signature: Date:

Advisor's Remarks:

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Advisor's Name : Signature:

Date :

Approved Denied

Reasons for denial:

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.....

Dean's Signature:

Date:

- CC: Advisor
 Department concerned
 Registrar Office