



APPLICATION FOR LEAVE OF ABSENCE

- 1. Name: _____

Family Name	Given Name	Middle Initial
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- 2. Student ID No.: _____
- 3. Mailing Address: _____

- 4. Last Semester Attended and School Year: _____
- 5. College: _____ Course: _____
- 6. Total Number of Units Taken _____ Total Failures _____
- 7. Cumulative GPA _____
- 8. Period Covered by leave of absence _____

Reason(s) for leave of absence:

Student's Signature over Printed Name Date

		Approved	Disapproved
Adviser: _____	Date: _____	()	()
Chairperson: _____	Date: _____	()	()
Dean: _____	Date: _____	()	()

Parental/Marital Consent:

Action Taken:

Institute Registrar