APPLICATION FOR LEAVE OF ABSENCE

1. Name:_____
   Family Name Given Name Middle Initial
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