



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