



**Parami University**  
**Leave of Absence Request Form**

<b>Student Name</b>	
<b>Student ID</b>	
<b>Student Academic Year</b>	

**Leave time:**

**One semester** ☐      **One year** ☐      **Other** \_\_\_\_\_

**Reason for Taking Leave of Absence (eg. Voluntary\*, medical\*\*, other). Please explain reason.**

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*\*Voluntary: A student may take leave for various voluntary reasons, such as family circumstances, need to self-reflect, employment, etc. Please explain above and attach a letter from a relevant individual.*

*\*\*Medical: A student may require to take leave for medical reasons. You must attach a letter from your health-care provider.*

**Student's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Advisor's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Dean's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_