PARAMI UNIVERSITY

Parami University

Leave of Absence Request Form

Student Name	
Student ID	
Student Academic Year	

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** _____