



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.

*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 _____