

APPLICATION FOR LEAVE OF ABSENCE

Name:	Date Filed:
Program/Course:	Student No.:
Applied for: 1 st Semester 2 nd Semester	, Summer, AY
Effective Dates:	
Reason (s):	
Expected return to the University:	
1 st Semester 2 nd Semester	
Signature over Printed Name of Student	
	Attested by:
	(Signature over printed name of Parent/Guardian)
Noted by:	Recommending Approval
Signature over Printed Name of Registration Adviser	College Dean
	APPROVED:
	Vice President for Academic Affairs

(To be prepared in quadruplicate. Copy 1- University Registrar; Copy 2- College Dean; Copy 3- College Registrar; and Copy 4- Student)