



## REQUEST FOR LEAVE OF ABSENCE

---

**LAST NAME** **FIRST NAME** **MIDDLE INITIAL**

**Student ID:** \_\_\_\_\_

CHECK ONE:  Domestic  International LAST DAY OF ATTENDANCE: \_\_\_\_\_

PROGRAM: MBA BBA MSIT Certificate Program

**REQUESTED LEAVE OF ABSENCE WILL BEGIN:**

WINTER  SPRING  SUMMER  FALL YEAR: \_\_\_\_\_

**QUARTER RETURNING FROM LEAVE OF ABSENCE:**

WINTER  SPRING  SUMMER  FALL YEAR: \_\_\_\_\_

**REASON FOR LEAVE OF ABSENCE:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STUDENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

---

**APPROVAL MUST BE GRANTED BY THE FOLLOWING DESIGNEES BEFORE THE LEAVE OF ABSENCE WILL BE PROCESSED:**

	<b>SIGNATURE</b>	<b>DATE</b>
<input type="checkbox"/> REGISTRAR	_____	_____
<input type="checkbox"/> ACADEMIC ADVISOR	_____	_____
<input type="checkbox"/> DESIGNATED SCHOOL OFFICIAL	_____	_____