



# Southern States University

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## REQUEST FOR LEAVE OF ABSENCE

LAST NAME

FIRST NAME

MIDDLE INITIAL

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

PROGRAM: MBA

### REQUESTED LEAVE OF ABSENCE WILL BEGIN:

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

### QUARTER RETURNING FROM LEAVE OF ABSENCE:

WINTER  SPRING  SUMMER I  SUMMER II  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:

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