



SOUTHERN STATES
UNIVERSITY

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REQUEST FOR LEAVE OF ABSENCE

LAST NAME

FIRST NAME

MIDDLE INITIAL

Student ID:

CHECK ONE: Domestic International LAST DAY OF ATTENDANCE: _____

PROGRAM: MBA BBA

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:

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