



**SOUTHERN STATES  
UNIVERSITY**

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(619) 298-1829    (619) 704-0175 (fax)

**REQUEST FOR LEAVE OF ABSENCE**

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

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**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	_____	_____