



REQUEST FOR LEAVE OF ABSENCE

FIRST NAME

MIDDLE INITIAL

LAST NAME

Student ID: _____ **Date of Birth:** _____

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:** _____

International Students must complete at least one academic year (3 quarters) of courses before taking a leave of absence. Students who take a leave of absence may encounter class scheduling challenges when they return due to the interruption in their program leading to finding classes at a different SSU campus location.

Students who wish to take a break from their studies or are compelled to interrupt their studies for medical or personal reasons may do so by submitting a Request for Leave of Absence form by the add/drop deadline each quarter to the Registrar, along with the supporting documents.

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

SIGNATURE

DATE

ACADEMIC ADVISOR _____

DESIGNATED SCHOOL OFFICIAL _____

REGISTRAR _____