

## REQUEST FOR LEAVE OF ABSENCE

FIRST NA	ME MIDDLE INITIAL	LAST NAME
Student ID:	Date of Birth:	
CHECK ONE:  Domestic International LAST DAY OF ATTENDANCE:		
PROGRAM:	☐ MBA           ☐ BBA         ☐ MSIT         ☐ Certificate Program	BSTWM
REQUESTED	LEAVE OF ABSENCE WILL BEGIN:	
WINTER	☐ SPRING ☐ SUMMER ☐ FALL YEAR:	
QUARTER R	ETURNING FROM LEAVE OF ABSENCE:	
WINTER	☐ SPRING ☐ SUMMER ☐ FALL YEAR:	
REASON FO	R LEAVE OF ABSENCE:	
	GNATURE: DATE:	
leave of absended students who or personal redeadline each APPROVAL IN ABSENCE W	Students must complete at least one academic year ( 3 quarters) of coce. Be sure to consult with your DSO before taking a break.  wish to take a break from their studies or are compelled to interrupt asons may do so by submitting a Request for Leave of Absence form quarter to the Registrar.  MUST BE GRANTED BY THE FOLLOWING DESIGNEES BEFO ILL BE PROCESSED:  SIGNATURE  CC ADVISOR TED SCHOOL	their studies for medical by <u>the add/drop</u>
REGISTRA	AR	

Rev. 3/2022