

REQUEST FOR LEAVE OF ABSENCE

- Initial Request
- Request for Extension

Student's Name _____

E-Mail _____
home phone *cell / other phone*

Requested Leave Time Period from _____ / _____ / _____ to _____ / _____ / _____
(not to exceed one 12 month period)

Reason(s) For Request (attach additional sheet if necessary). _____

Student's Signature _____ Date _____

AGS Academic VP Signature _____ Date _____

PLEASE RETURN SIGNED FORM TO THE REGISTRAR'S OFFICE

(Adler use only)

Registrar: _____ Date: _____

Financial Aid: _____ Date: _____

Student File: _____ Date: _____
