

REQUEST FOR LEAVE OF ABSENCE

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 _____

Program Director Signature _____

PLEASE RETURN SIGNED FORM TO THE REGISTRAR'S OFFICE

<i>(Adler use only)</i>	
Registrar: _____	Date: _____