

## APPLICATION FOR LEAVE OF ABSENCE

1.	Name:			
	Family Name	Given Name	1	Middle Initial
2.	Student ID No.:			
3.	Mailing Address:			
4.	Last Semester Attended and School			
5.	College: Co	ourse:		
6.	Total Number of Units Taken	Total Failures		
7.	Cumulative GPA			
8.	Period Covered by leave of absenc	ee		
Reas	son(s) for leave of absence:			
Stu	dent's Signature over Printed Name	_		Date
Adv	/iser:	Date:		Disapproved
Chairperson:				
	an:	Date:	_ ()	( )
Parental/Marital Consent:		Action Taken:		
			Institute R	egistrar