



School of Professional & Graduate Studies Leave of Absence Request Form

A leave of absence request can be for no more than one calendar year. An application for readmission will not be required.

Name:			Student ID/SSN:	
Term requ	ested (FA, SP, SU): _	Year:	Date	e:
Address: _			_ City:	
State:	Zip Code	: P	hone Number:	
LC Mail Ac	ldress:			
Reason fo	r Leave of Absence:			
 Pers Emp Pers Fina Aca 	ical Reasons (self ar sonal Financial Issue loyment/Job Related sonal Issues incial Aid Issues demic Struggles	s 1		
Student Si	gnature:		Date: _	

Advisor Signature:	Date:
Dean Signature:	Date: