

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 requested (FA, SP, SU): _____ Year: _____ Date: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

LC Mail Address: _____

Reason for Leave of Absence:

- Medical Reasons (self and/or family members)
- Personal Financial Issues
- Employment/Job Related
- Personal Issues
- Financial Aid Issues
- Academic Struggles
- Other: _____

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Dean Signature: _____ Date: _____