



Adler Graduate School

REQUEST FOR LEAVE OF ABSENCE

Initial Request

Request for Extension

Student's Name _____
(Please print.)

Requested Leave Time Period from ____/____/____ to ____/____/____

Reason(s) For Request _____

Student's Signature _____ Date _____

AGS Academic VP Signature _____ Date _____

PLEASE RETURN SIGNED FORM TO THE STUDENT SERVICES OFFICE

(AGS use only)

Comments: _____

