

## 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**

*(Adler use only)*

Registrar: \_\_\_\_\_ Date: \_\_\_\_\_