LEAVE OF ABSENCE - APPLICATION
(Please press firmly and write legibly)

Semester(s) for which Leave of Absence is desired: ( ) FALL 20______ ( ) SPRING 20______

In order to return, a re-enrollment deposit of $1,000 will be required as follows:

July 1st for the following Fall Semester.
November 15th for the following Spring semester
April 1st for the following Summer session.
The deposit is non-refundable, but will be applied toward tuition.

Students on a Leave of Absence must empty their lockers, which will be reassigned during their absence.

Name:_____________________________________________________________    Student   I.D. #. ______________________

Print :      Last   First                                 Middle

Current
Address:_________________________________________________________________________________________________

Home Phone #: (____)_________________________________   Cell Phone #::(____) __________________________________

Reasons for request:

__ Health                         __ Personal                       __ Financial                          __ Military

__ Career (please specify) :___________________________________________________________

__ Other (please specify): ____________________________________________________________

Last date of attendance: ____________________________________________________________________________________

_____________________   ________________________________________________________________
Date                                                                                                         Signature of Student

For Office Use Only

____________________                              _____________________________________________
Date                 Signature of Dean of Students

White copy for Registrar- Green copy for Student Finance-- Yellow Copy for Dean of Students- Pink Copy for Student

(9/08)