

Please complete and submit this form if you are requesting a leave of absence from CGU.

## **Instructions:**

- Complete this form in its entirety and submit it to the Dean of Student's Office.
- Please attach a written explanation of your reason for requesting the leave.
- Please attach any appropriate documentation that supports your situation (i.e. physician's documentation or other third-party verification).

## **Student Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

(if known) CGU ID #254 - \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Academic Department: \_\_\_\_\_ Degree Program: \_\_\_\_\_

Semester of requested leave: \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your Phone Number: \_\_\_\_\_

**✍ Student's Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

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## **Approvals:**

Date Received: \_\_\_\_\_

Dean Of Students: \_\_\_\_\_

\_\_\_ **Approved** \_\_\_ **Denied**

Comments: