

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: _____

Approvals:

Date Received: _____

International Student Coordinator (if student is on an F1 or J1 visa): _____

Dean Of Students: _____ **Approved** **Denied**

Comments: