

LEAVE OF ABSENCE (ANNUAL VACATION)

Student Name : _____ Student ID : _____

Date of Birth : _____ Phone # : _____ Email : _____

Program : _____ Program Language : English Korean Chinese

Status : F-1 Non F-1 Financial Aid : Yes No

Please indicate quarter that you requested to leave:

Winter Spring Summer Fall Year : _____

Please indicate the date of your return to the program : _____

Please select one of the following reasons for absence:

(If applied, please provide the appropriate supporting documents)

- | | |
|--|--|
| <input type="checkbox"/> Personal reason | <input type="checkbox"/> Medical reason |
| <input type="checkbox"/> Jury duty | <input type="checkbox"/> Pregnancy and/or prenatal care |
| <input type="checkbox"/> Military duty | <input type="checkbox"/> Consistent full-time enrollment for past four (4) quarters (F-1 students only) |
| <input type="checkbox"/> Other reasons, please specify : _____ | |

REQUIRED NAME AND SIGNATURE

Please proceed the recipient of signature by the following orders

Student Name and Signature Date

Program Director Name and Signature Date

Financial Officer Name and Signature Date

Financial Aid Officer Name and Signature (if applied) Date

International Student Advisor Name and Signature (if applied) Date

Dean of Academic Affairs Name and Signature Date