

Complete this form if you intend to take a leave of absence from CMKL University. Read the policy on the following pages prior to completing this form. **Prior to leaving, you must contact your academic advisor. A leave of absence may jeopardize your financial aid status, contact The HUB for details.** Federal law mandates students Visa contact the HUB **prior** to taking a leave of absence.

Leave of Absence

STUDENT INFORMATION

Student CMKL ID: _____ Email : _____

Student Name: _____
Last/Family, First and/or Preferred, MI

Permanent Address: _____ Current Address: _____
Street Address Street Address

_____ City, State, Zip, Country _____ City, State, Zip, Country

Telephone #: _____ Mobile Phone #: _____ Personal Email Address: _____

Program: _____ Department: _____ Class: _____

Semester of Leave (check one): Fall Spring Summer-1/All Summer-2 Year 20 _____

Have you consulted with a university official regarding your return? Yes No If yes, who? _____

Student's Signature: _____ Date: _____
mm/dd/yyyy

LEAVE OF ABSENCE INFORMATION

Student's Reasons for Leave: _____

Projected Semester of Return (check one): Fall Spring Summer-1/All Summer-2 20 _____

DEPARTMENT INFORMATION & SIGNATURES

Comments/Requirements Governing Return: _____

Date Student Began Leave Procedure: _____ mm/dd/yyyy W Grade(s) Assigned? Yes No

Advisor: _____ Signature: _____ Date: _____
Required for All Students Type/Print Name

Dept. Head: _____ Signature: _____ Date: _____
Graduate Students Only Type/Print Name

Associate Dean: _____ Signature: _____ Date: _____
Undergraduate Students Only Type/Print Name

HEAD OF STUDENT AFFAIRS USE ONLY

Comments/Requirements: _____

Head of Student Affairs: _____ Signature: _____ Date: _____
Print Name

LS - Return is conditional upon the Head of Student Affairs' permission.

URO USE ONLY

Semester _____ Units Dropped _____ New Enrollment Status _____ Adjusted Tuition _____ Initials/Date _____

UNIVERSITY HOLD

Sr. Associate Registrar: _____ Date: _____