



Applicant: _____ Department: _____

By signing below, I am requesting a leave of absence without pay during: (a) the _____
20__ semester, or (b) academic year, 20__ to 20__. I have also reviewed the
University Handbook Section D.7, Leaves of Absence Policy.

The purpose of the leave is stated below:

Date

Applicant's signature

Approved by:

Department Chair

Date

Dean

Date

Provost

Date

President

Date