REQUEST FOR LEAVE OF ABSENCE

Office of the Associate Provost

Student Name: _____ID Number: _____

Major(s): _____ Minor(s): _____

Address: _____ Advisor: _____

Term for which leave of absence is requested: Fall 20_____ Spring 20_____
NOTE: During their Leave of Absence, a student may not live on campus or participate in the Student Work Experience Program.

Justification of Request (to be completed by the student): Documentation should be attached as needed. See back for Berry College Catalog policy concerning Leave of Absence requests.

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Student Signature Date

Action Approved □ **Action Denied** □

_____
Signature of Associate Provost or Provost

Notifications Sent: _____
Date

(*Revised 9/9/09)*