



OFFICE OF ACADEMIC AFFAIRS

LEAVE OF ABSENCE FORM

First Name:		Last Name:	
Student ID #:	Phone #:	Date:	
Program:		Date Entered Program:	
Email Address:			

Instructions and Procedures

Fill out Section 1 including a statement explaining the reason(s) you are requesting a leave of absence and submit it to the (SPLE – Dean) (Pontifical – President) for approval. If approved, they will sign and ask you to submit it to the Coordinator of Student Services for processing.

Section 1:

Leave of Absence: Request for Initial leave of absence Renewal of leave of absence

Period of

From: MM/DD/YY	To: MM/DD/YY
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Leave of Absence: (Limit for 1 academic year)

Reason for Leave of Absence

State your reason for this request. (You can also attach to this form an account explaining the reason(s) you are requesting a leave of absence).

President/ Dean’s Name	Signature	Date
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RETURN TO THE UNIVERSITY OF SAINT MARY OF THE LAKE

The USML approves reinstatement to the above student.

USML Dean: _____ Date: _____