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| **Application for General Leave of Absence by International Student** |
| College |  | Department (Major) |  |
| Student ID |  | Year |  |
| Name |  | **Tuition Application (√)** | **Registered ( ), Not registered ( )** |
| Address |  |
| Mobile Phone |  | Home Phone |  |
| Period of Leave(No. of Semesters) | MM/DD/20YY – MM/DD/20YY ( semesters) |
| Reason for Application |  |
| I hereby request approval to take a general leave of absence as specified above. MM/DD/20YYApplicant (signature) |
| Record of Counseling with Head of Department |
| Details and Results | ∘Details of Counseling (provide details of reason for application): ∘Results (Check √ all that apply) |
| Period of Leave | 1 semester | 2 semesters |
| A general leave of absence is requested for the above student**.****MM/DD/20YY** |
| Confirmation | Head of Department | (signature) |
| International Students Coordinator, Office of International Services | (signature) |