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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/20YY  Applicant (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) | | | | |