



**REQUEST FOR LEAVE OF ABSENCE (LOA)**

*Note: To be eligible for a leave of absence, a student must be in good academic standing.  
The LOA must not exceed a total of 180 days within a period of enrollment.*

Student's Name: (Print)		Phone:	
Program:		Batch:	
Completed by last day of class:		Units (Degree) or	Hours (Certificate)

I am applying for Angeles University's LOA policy due to:

- Emergency                       Pregnancy  
 Illness                               Other: \_\_\_\_\_

Period of Leave Requested	
From:	To:

**Please present this form with your Letter of Intent or Doctor's Note (if medical reason).** Student must present Physician's Clearance for medical leave of absence.

**To be completed by Student.** Please explain the need for a leave of absence from study.

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(attach additional sheets as necessary)

\_\_\_\_\_ Student Signature \_\_\_\_\_ Date

**For Office Use**

**Reviewed by:**

_____	_____	_____
Financial Aid Office (Print)	Signature	Date
_____	_____	_____
Business Office (Print)	Signature	Date

**Approved by:**

Request Approved                       Request not Approved

_____	_____	_____
Registrar (Print)	Signature	Date
_____	_____	_____
Director (Print)	Signature	Date

**Reason for support or denial of this request.**

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(attach additional sheets as necessary)