

REQUEST FOR TEMPORARY STUDENT LEAVE OF ABSENCE

The purpose of the Student Leave of Absence is to enable a student who leaves the college for a period of time, with the intention to return to CLU, to receive timely communications and other considerations accorded continuing students. The leave may be requested for up to three terms. Please submit each term.

NAME: _____

DATE: _____

ID NUMBER: _____

PROGRAM OF STUDY: _____

Leave of Absence is requested for:

FALL TERM ___ WINTER TERM ___ SPRING TERM ___ SUMMER TERM ___

REASON: _____

Term you expect to return:

FALL TERM ___ WINTER TERM ___ SPRING TERM ___ SUMMER TERM ___

PRESENT STATUS:

I will finish current term.

I have submitted a drop form and have taken care of Student Accounts Office charges.

Are you currently receiving financial aid? **Yes** **No**

During your leave, information will be sent to you at the address you provide below. If there is an update to the address, please notify the Graduate & Adult Programs Office. Information on re-entry procedures, pre-registration, etc. will be mailed to you. If you have attended another college during your leave, official transcripts must be submitted.

PERMANENT ADDRESS/ADDRESS DURING LEAVE:

Home Phone: _____

Email Address: _____

Employer: _____

Work Phone: _____

Mail to:

California Lutheran University
Graduate & Adult Programs
60 West Olsen Road #2200
Thousand Oaks, CA 91360

FAX to: (805) 493-3861

Tel: (805) 493-3325

I accept financial responsibility for charges incurred during my CLU enrollment in accordance with University policy.

Student Signature: _____

Submit completed form to the Graduate & Adult Programs Office

Original to: LOA Record Book
Copies to : Financial Aid
 Students Accounts Office
 Student File

Last Term Completed: _____

Action Date: _____