



APPLICATION FOR LEAVE OF ABSENCE FORM

Name _____ ID #: _____
 Advisor's Name: _____ Semester(s) of Absence: _____ / _____
 E-mail address you will access during your leave: _____ Telephone: () _____

Reasons for Absence: Confidential Described Below

Office Use Only		
Cumulative G.P.A. _____	Last Term G.P.A. _____	Eligible for L.O.A.? _____
Complete Withdrawal? _____	If Yes, for which Term _____	

Academic Services Signature: _____ Date: _____ / _____ / _____
 Registrar Signature: _____ Date: _____ / _____ / _____

White copy: Registrar Yellow copy: Advisor Pink: Dean of Students

College Hall Room 229 AD Box 83 Spokane, WA 99258-0083 Telephone (509) 313-6592 FAX (509) 313-5828



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