



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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