



Office of the University Registrar
 Beeghly Hall, 113
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 F: (330) 823-3068
 Registrar@MountUnion.edu

LEAVE OF ABSENCE APPLICATION

STUDENT INFORMATION

Student Name: _____ Student ID: _____

Permanent Non-Campus Address: _____

City: _____ State: _____ Zip: _____

Current/Campus Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Email: _____

Major/Program: _____ Advisor: _____

LEAVE OF ABSENCE INFORMATION

Official Leave Start Date: _____ Official Date of Return: _____ Term/Yr: _____

Reason for Leave of Absence (please be detailed and include any supporting documents with this form): _____

Student Signature: _____ Date: _____

APPROVAL INFORMATION & SIGNATURES

Required Signatures/Approvals	Printed Name	Signature	Date
Student's Advisor			
Recommendation/Remarks:			
Dean of Students/Graduate Program Chair			
Recommendation/Remarks:			
Director of Student Financial Services			
Recommendation/Remarks:			
University Registrar			
Recommendation/Remarks:			
Assistant Academic Dean			
Recommendation/Remarks:			

Office Use Only

Date Received by Office of the Registrar: _____ Date Entered in System: _____ Entered by (Initials): _____