

# Leave of Absence Request

Office of the Registrar

**Instructions:** All students requesting a Leave of Absence from California Health Sciences University, College of Pharmacy should fill out this form after discussing their decision with the Assistant Dean of Student Affairs and Enrollment. If you are requesting a leave of absence, the Assistant Dean of Student Affairs and Enrollment must sign this form. If you are approved for a leave of absence, students are eligible to return without reapplication if returning within the approved time frame.

**Non-attendance does not constitute notification of intent to apply for leave of absence status. The date of leave status is the date the Registrar receives this signed form.**

Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Last Day of Attendance: \_\_\_\_/\_\_\_\_/\_\_\_\_ Return Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**REASON FOR LEAVING:**

- Illness:  Self  Family  
 Marriage  Death in Family  Maternity Leave  Employment  Military  Personal

Comments:

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

▶ \_\_\_\_\_  
Assistant Dean of Student Affairs and Enrollment \_\_\_\_\_ Date \_\_\_\_\_

▶ \_\_\_\_\_  
Registrar Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>For Office of Registrar Use Only</b>	
Date Received: _____	Received By: _____