

**NEUMANN UNIVERSITY**  
**LEAVE OF ABSENCE REQUEST FORM**

|                      |             |                      |                         |
|----------------------|-------------|----------------------|-------------------------|
| NAME                 | DATE        | STUDENT ID#          | LAST 4 DIGITS OF SS#    |
| RESIDENT OR COMMUTER |             | PROGRAM              | TERM                    |
| HOME #               | WORK #/CELL | STATUS(FROS,SR,GRAD) | LAST DATE OF ATTENDANCE |
| HOME ADDRESS         |             | EMAIL ADDRESS        |                         |

REASON FOR REQUEST, SUBMIT ANY DOCUMENTATION ( ) MEDICAL ( ) MILITARY ( ) PERSONAL ( ) OTHER

SIGNATURE \_\_\_\_\_ ANTICIPATED DATE OF RETURN (term/year) \_\_\_\_\_

**\*\* OFFICIAL OFFICE USE ONLY \*\***

**1. REGISTRAR**

COMMENTS: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_  
DATE: \_\_\_\_\_

**2. BUSINESS OFFICE**

COMMENTS: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_  
DATE: \_\_\_\_\_

**3. DEAN OF STUDENTS**

COMMENTS: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_  
DATE: \_\_\_\_\_

**4. DIVISION DEAN**

COMMENTS: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_  
DATE: \_\_\_\_\_

**5. DIRECTOR OF FINANCIAL AID**

COMMENTS: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_  
DATE: \_\_\_\_\_

**6. DIRECTOR OF RESIDENCE LIFE**

COMMENTS: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_  
DATE: \_\_\_\_\_

**7. V.P. OF ACADEMIC AFFAIRS**

( ) APPROVED ( ) DENIED

COMMENTS: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_  
DATE: \_\_\_\_\_

Registrar's Office Use Only:

DATE RECEIVED: \_\_\_\_\_ INITIALS: \_\_\_\_\_

**\*\*\*RETURN COMPLETED FORM TO REGISTRAR'S OFFICE\*\*\***