



COLLEGE OF SANTA FE

LEAVE OF ABSENCE REQUEST

Please submit completed form to the Dean of Students Office

NAME: _____ ID: _____

Message Phone: _____ E-mail: _____

Your approved form will be mailed to you at the address you write below:

Mailing Address: _____

ACADEMIC INFORMATION

Department/Major: _____

Department Chair: _____

Academic Advisor: _____

Current Year Standing: (circle one) FR SO JR SR GR

Circle semester(s) for which Leave of Absence is being requested and indicate year on line.

Fall _____

Spring _____

REASON for LOA: (use additional paper as needed)

Student Signature Date

I understand that a leave of absence is normally approved for no more than two (2) consecutive semesters. If I must be away from the College for a period in excess of two (2) semesters, re-application to the College of Santa Fe may be required.

Dean of Student Life Signature Date

APPROVED NOT APPROVED