



Graduate and Professional Registrar Request for Leave of Absence

Section I

Student Information

Name _____ APU ID# (required) _____

Phone (____) _____ Email _____ Soc Sec # (opt.) _____ - _____ - _____

Address _____ City _____ State _____ Zip _____

Program you wish to take leave from: _____

Currently enrolled in classes? Yes No If yes, will you be completing current classes? Yes No

If you will not be completing your current classes, please fill out an [Enrollment Activity Form](#) to drop or withdraw.

Date leave would begin: _____ Date of intended return: _____

Rationale:

I understand and agree that the university reserves the right to discontinue any academic program without notice. If, during a leave of absence, my program is discontinued, the university is not obligated to offer courses that will lead to the degree that I am currently pursuing.

Student Signature _____ Date _____

Section II

International Student Services Endorsement

Endorsed by _____ Date _____ Approved _____

Comments:

Section III

Department Endorsement Section

Endorsed by _____ Favorable Neutral Unfavorable Date _____

Program Director or Department Chair

Comments:

Endorsed by _____ Favorable Neutral Unfavorable Date _____

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Extension of time limit towards degree? _____ How long? _____

Comments:

Registrar Use Only

Approved Denied Signature _____ Date _____

Comments: