

LEAVE OF ABSENCE REQUEST FORM



OFFICE OF THE REGISTRAR
POST OFFICE BOX 8104 ✦ 300 COLLEGE STREET, NORTHEAST
ORANGEBURG, SC 29117-0001 ✦ (803) 536-7185 ✦ FAX: (803) 536-8602

INSTRUCTIONS: Please complete the appropriate block(s) and provide requested material for documenting your request. Return this form to the Registrar's Office.

Please Print Clearly:

Campus Wide ID	Name (Last, First, M.I.)	E-Mail Address
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(If Changed) Please provide the following to be updated in the Student Information System:

Local Address			Permanent Address		
Street			Street		
City	State	Zip	City	State	Zip
Phone			Phone		

I request to take a Leave of Absence:

Beginning Fall Spring Summer Year: _____

Ending Fall Spring Summer Year: _____

Justification for Leave of Absence

I understand that I must provide documentation to support any reason for a Leave of Absence. If the Leave of Absence is denied, please be informed that students who are absent for one or more semesters are subject to degree requirements in the current catalog. All students must be readmitted with a break in enrollment.

Supporting documentation attached: Yes No

Student's Signature _____ Date _____

FOR OFFICE USE ONLY	
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Reason: _____	
Leave of Absence Period: _____	
Registrar's Signature _____ Date _____	
Date Leave of Absence Processed _____ By _____	