# NEUMANN UNIVERSITY
## LEAVE OF ABSENCE REQUEST FORM

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
<th>Student ID#</th>
<th>Last 4 Digits of SS#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident or Commuter</td>
<td>Program</td>
<td>Term</td>
<td></td>
</tr>
<tr>
<td>Home #</td>
<td>Work #/Cell</td>
<td>Status (F Ros, Sr, Grad)</td>
<td>Last Date of Attendance</td>
</tr>
<tr>
<td>Home Address</td>
<td>Email Address</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reason for request, submit any documentation: ( ) Medical ( ) Military ( ) Personal ( ) Other

Signature: ___________________________ Anticipated Date of Return (term/year): ___________________________

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**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**
   - Comments: ___________________________
   - Signature: ___________________________
   - Date: ___________________________

( ) Approved ( ) Denied

Registrar’s Office Use Only:
- Date Received: ________
- Initials: ________

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***RETURN COMPLETED FORM TO REGISTRAR’S OFFICE***