Leave of Absence Request Form
Due the first day of the registration month

Name: ___________________________ ID Number: ___________________________

Local Phone: ___________________________ LUC E-mail: ___________________________

Credit Hours to Date: ___________________________ Today’s Date: ___________________________

Cumulative GPA: ___________________________

☐ Do you have an Office of the Bursar (OTB) hold? Yes ☐ No ☐
*Students must resolve all holds before registering upon their return.

Balance: ___________________________

Your Signature: ___________________________ Date: ___________________________

☐ Leave of Absence Starting: Circle one: FALL or SPRING or SUMMER Year: _____

☐ Semester/Session of Return: Circle one: FALL or SPRING or SUMMER Year: _____
*Typically, Arrupe students may request one semester or session for a Leave of Absence.

List courses you are planning to register for during the term you wish to return:

1. ___________________________ 4. ___________________________

2. ___________________________ 5. ___________________________

3. ___________________________ 6. ___________________________

Reason for request: If applicable, please attach supporting documentation.

Student Signature: ___________________________ Date: ___________________________

Dean’s Approval: ___________________________ Date: ___________________________

Dr. Jennifer Boyle, Associate Dean of Academic Affairs