



## I-20 Leave of Absence Application Form

<b>Student ID</b>		<b>Name</b>	
<b>Address</b>			
<b>Phone Number</b>		<b>Email</b>	
<b>Current Program</b>	BATH / BACC	MAICS/ MACE /MACC/ MDiv	DMiss / PhD ICS
<b>Currently Registered Semester</b>	Spring 20____ Fall 20____	<b>Expected Returning Semester</b>	Spring 20____ Fall 20____

**Reason for Leave of Absence**

\*\*\*I hereby certify the above statement is true and correct.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

**APPROVAL**

\_\_\_ Approved      **Student Dean's Name and Signature Date** x \_\_\_\_\_

\_\_\_ Not Approved

<b>Office Use Only</b>			
<b>Librarian Signature</b>		<b>Date</b>	
<b>Finance Officer Signature</b>		<b>Date</b>	
<b>DSO Signature</b>		<b>Date</b>	
<b>Registrar Signature</b>		<b>Date</b>	
<b>Remarks</b>			