

**NEUMANN UNIVERSITY**  
**LEAVE OF ABSENCE REQUEST FORM – VALID FOR ONE SEMESTER\***

NAME	DATE	STUDENT ID#	LAST 4 DIGITS OF SS#
RESIDENT OR COMMUTER		PROGRAM	TERM
HOME #	WORK #/CELL	STATUS(FROS,SR,GRAD)	LAST DATE OF ATTENDANCE
HOME ADDRESS	EMAIL ADDRESS		

REASON FOR REQUEST, SUBMIT ANY DOCUMENTATION ( ) MEDICAL ( ) MILITARY ( ) PERSONAL ( ) OTHER

SIGNATURE \_\_\_\_\_ ANTICIPATED DATE OF RETURN (term/year) \_\_\_\_\_

**\*\* OFFICIAL OFFICE USE ONLY \*\***

**1. REGISTRAR**

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

**5. DIRECTOR OF FINANCIAL AID**

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

**2. BUSINESS OFFICE**

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

**6. DIRECTOR OF RESIDENCE LIFE**

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

**3. DEAN OF STUDENTS**

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

**7. V.P. OF ACADEMIC AFFAIRS**

( ) APPROVED ( ) DENIED

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

**4. DIVISION DEAN**

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

Registrar's Office Use Only: DATE RECEIVED: _____ INITIALS: _____
--

**\*\*\*RETURN COMPLETED FORM TO REGISTRAR'S OFFICE\*\*\***

\*LEAVE OF ABSENCE MUST OCCUR THE SEMESTER AFTER MOST RECENT COMPLETED SEMESTER.