



OFFICE OF THE REGISTRAR

711 KNOX ROAD | PO BOX 607 | EAST AURORA NY 14052-0607
 (716) 655 7081 | F (716) 652 8903 | **CKS.EDU**

LEAVE OF ABSENCE REQUEST FORM

A student unable to register for coursework in a particular semester must submit a Leave Of Absence Request Form to the registrar's office for the academic dean's approval. Approved students are financially responsible to pay a "maintenance of registration" fee for the semester on leave. Students may not take more than two semesters of leave within a degree program. Those who fail to do so must re-apply for admission and enclose the required application fee. In every case, the original date of admission to matriculant status will determine the starting point of the statute of limitations within which a degree must be completed.

Last Name First Name M.I.

Street Address City/State/Zip

E-mail Address

Home Phone Work Phone Cell Phone

Semester for which a leave of absence is requested: _____

Please indicate briefly your reason(s) for requesting such a leave of absence:

Student Signature Date

Academic Dean Signature Date

OFFICE USE ONLY

Date received in registrar's office: _____ Date processed: _____

cc : Director of Lay Formation Director of Business Affairs