

# Request for Leave of Absence



Washington University of Virginia

Name _____ <small>Last Family Name</small>	_____ <small>First Given Name</small>	<input type="checkbox"/> Male <input type="checkbox"/> Female
DOB (mm/dd/yy) _____	Year of Admission _____	<input type="checkbox"/> Spring <input type="checkbox"/> Spring-Flex <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Fall-Flex <input type="checkbox"/> Winter
<input type="checkbox"/> Degree Program <input type="checkbox"/> Non-Degree Program		
<input type="checkbox"/> ESL <input type="checkbox"/> Undergraduate _____	<input type="checkbox"/> Graduate _____	<input type="checkbox"/> Doctor _____
Student ID No. _____	Contact Phone Number _____	
Reason(s) for request _____		
Document _____		

**I hereby ask Permission for my absence from the Washington University of Virginia.**

## Approval

Applicant: _____ <small>Signature</small>	Date _____
Registrar: _____ <small>Signature</small>	Date _____
International Office: _____ <small>Signature</small>	Date _____

Received by:

Date: