



## REQUEST FOR A SHORT-TERM LEAVE OF ABSENCE

SOKA UNIVERSITY OF AMERICA, ALISO VIEJO

1 University Drive • Aliso Viejo • CA 92656 • Tel: (949) 480-4000 • Fax: (949) 480-4001

Student Name (Last, First, MI.)	SUA ID No.
Address (Number, Street, Apt)	City, State, Zip, Country
Phone (      )	E-mail Address
Date of Departure	Return Date
Primary Reasons <input type="checkbox"/> Academic <input type="checkbox"/> Family <input type="checkbox"/> Health <input type="checkbox"/> Other _____	

I understand that I must receive approval from all my instructors and make up any and all missed class work. I also understand that a short-term leave of absence constitutes less than 10 days of absence.

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

Date \_\_\_\_\_

**STUDENT:** Please obtain necessary signatures from instructors first, then Dean of Students and Dean of Faculty. Return completed form to Registrar's office.

**INSTRUCTORS:** The student has arranged to make up all missed class work either through make-up or alternate assignments, and I approve the student's short-term leave of absence.

Instructor	Course Name	Course Number
Instructor's Signature		Date
Instructor	Course Name	Course Number
Instructor's Signature		Date
Instructor	Course Name	Course Number
Instructor's Signature		Date
Instructor	Course Name	Course Number
Instructor's Signature		Date
Instructor	Course Name	Course Number
Instructor's Signature		Date

**DEAN'S OFFICES:** Please sign and return form to student.

Dean of Students Signature	Date
Dean of Faculty Signature	Date

**Registrar's Office**

Entry Made By	Status	Effective Date
Authorized Signature		Date