ST.LAWRENCE UNIVERSITY Division of Student Life

LEAVE OF ABSENCE REQUEST FORM

Name:	Cl	Class Year:		Student ID:	
Home Address:					
Street		Apt #			
City	State	ZIP	Country		
Phone Number (land/cell)					
Email if different than SLU email					
Declared/desired Major(s):	Advisor:				
Effective date of Leave:	Expected date of Return:				
Please indicate why you wish to take a	leave of absence				
What do you hope to accomplish while	e away from an academic en	vironment?			
	Student Signatur	re	Date	_	
Leave Approved					
Leave Not Approved	Vice President & Do	ean of Student I	Life	Date	