



## REQUEST FOR STUDENT LEAVE OF ABSENCE

The purpose of the Student Leave of Absence is to enable a student who leaves the University for a period of time, with the intention to return to CLU, to receive timely communications and other considerations accorded to continuing students. The leave may be requested up to one year without re-applying to the University.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Please print*

Student ID Number: \_\_\_\_\_ Academic Program: \_\_\_\_\_

Present Status:  I will finish current semester/term.  
 I have submitted a drop form and have taken care of my account through the Student Accounts Office.

**Leave of Absence is requested for:**

Fall Term/Semester\_\_ Winter Term/Semester\_\_ Spring Term/Semester\_\_ Summer Term/Semester\_\_

Reason for Leave: \_\_\_\_\_

**Term/Semester you expect to return:**

Fall Term/Semester\_\_ Winter Term/Semester\_\_ Spring Term/Semester\_\_ Summer Term/Semester\_\_

Are you currently receiving financial aid?  Yes  No  
Would you like to be contacted prior to your return?  Yes  No

If yes, information will be sent to you at the address you provide below. If there's an update to address provided, please notify the Registrar's Office. If you have attended another University during your leave, official transcript must be submitted. If your leave of absence extends beyond one calendar year a new admissions application must be completed. Students will be subject to new program requirements.

**PERMANENT ADDRESS/ADDRESS DURING LEAVE:**

\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Submit completed form to:**  
California Lutheran University  
Office of the Registrar  
60 West Olsen Road #1325  
Thousand Oaks, CA 91360  
Telephone 805 493-3105  
Fax (805)493-3104

*I accept financial responsibility for charges incurred during my CLU enrollment in accordance with University policy.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**  
Last Term Attended \_\_\_\_\_  
Action Date \_\_\_\_\_

