

REQUEST FOR LEAVE OF ABSENCE

TO: Chandra Wade, Registrar
(773-947-6285; cwade@mccormick.edu; office #355)

Student Name: _____
(please print)

Address: _____

Email: _____ Telephone: _____

Requests a leave of absence from _____ to _____

for the following reason(s):

Student Signature Date

=====

Date: _____

To: _____

Your request for a leave of absence from _____ until _____
has been approved.

Should your plans for returning change, please notify your faculty advisor immediately.

Faculty Advisor Signature

Associate Dean of Student Academics

cc: Faculty Advisor
Registrar
Student Accounts
Student Financial Planning