

SOUTHERN UNIVERSITY LAW CENTER

LEAVE OF ABSENCE

STUDENT'S NAME: _____ SOCIAL SECURITY NO.: _____

ADDRESS DURING LEAVE _____

_____ () _____

CITY

STATE

ZIP

TELEPHONE NUMBER

PERIOD OF LEAVE REQUESTED _____ TO _____

(Leave will be granted for a period no longer than one academic year)

REASON FOR REQUESTED LEAVE: _____

ACTIVITIES IN WHICH STUDENT PLANS TO BE ENGAGED DURING LEAVE OF ABSENCE:

A student on leave should notify the Law School Enrollment Office three(3) months before the beginning of the semester for which the student is returning.

LEAVE OF ABSENCE APPROVED:

VICE CHANCELLOR

This request must be approved by the Vice Chancellor and returned to the Law School Enrollment Office prior to beginning a leave of absence.

This form should be used only by those students requesting leave for reasons other than attending another law school.

ACADEMIC STATUS ON RETURN:

GOOD STANDING _____

ACADEMIC WARNING _____

CONDITIONS FOR RETURNING: _____
