

# 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_