



# EXCELSIOR COMMUNITY COLLEGE

## REQUEST FOR LEAVE OF ABSENCE

**Name:** \_\_\_\_\_  
First Middle Last

**Department:** \_\_\_\_\_ **I.D. #:** \_\_\_\_\_

**Academic Year:** \_\_\_\_\_ **Year Group:** \_\_\_\_\_

I am hereby requesting  one year  one semester  other

other \_\_\_\_\_ (**tick one**) leave of absence from the

\_\_\_\_\_ Programme effective

\_\_\_\_\_ to \_\_\_\_\_  
YY MM DD YY MM DD

Reason (s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expected date of return \_\_\_\_\_  
YY MM DD

\_\_\_\_\_  
Student's Signature Date

\_\_\_\_\_  
Head of Department's Signature (Approval) Date

### FOR OFFICE USE ONLY

\_\_\_\_\_  
Received by (Student Affairs Personnel) Date

\_\_\_\_\_  
Information updated by S.M.S. Unit Date

**N.B. Leave of absence should not exceed one (1) academic year from date of effect.**