## **Leave of Absence Request**

Student Name:	GCU Student Number:
	LOA Request Dates
Start: [Mid-Course: Day After Last Date of Class [End of Course: Day After Course End	End: ss Attendance] [Day Before the Start Date of Scheduled Return Course] d Date] * Must post attendance on the first day of class
Reason for Leave of Absence Reques	st (complete for all LOAs including mid-course LOAs)
_	
By Signing below, I affirm the follow	vina:
<ul> <li>My leave of absence cannot be for Mid-Course, I must submit current course.</li> <li>For End of Course, I must submit lam allowed up to two 60 documentation of extenuating within that time period.</li> <li>If I received Title IV funds and from the University for financial If I received Title IV funds and</li> </ul>	•
Student Signature	Dato

NOTE: HANDWRITTEN SIGNATURE REQUIRED – TYPED/ELECTRONIC SIGNATURE NOT ACCEPTED

Please return this signed form to your GCU Student Services Counselor