Leave of Absence Request

Student Name:	GCU Student Number:
	LOA Request Dates
Start: [Mid-Course: Day After Last Date of Cla [End of Course: Day After Course E	End: ass Attendance] [Day Before the Start Date of Scheduled Return Course] * Must post attendance on the first day of class
Reason for Leave of Absence Reque	est (complete for all LOAs including mid-course LOAs)
	
By Signing below, I affirm the follo	owing:
 My leave of absence cannot be For Mid-Course, I must submicurrent course. For End of Course, I must submil am allowed up to two 60 documentation of extenuating within that time period. If I received Title IV funds an from the University for financial If I received Title IV funds and 	
Student Signature:	Date:

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

Please return this signed form to your GCU Student Services Advisor