



CWID: _____
Last Name First Name MI

Program(s) Currently Enrolled: _____

Reason for Leave of Absence Request:

Academic Research Health Related Military

Other: _____

I request that my leave begin the following semester:

Fall Spring Summer _____
Year

I will return to The Citadel in the following semester:

Fall Spring Summer _____
Year

My request occurs before the drop/add period of the initial semester I am requesting leave:

Yes No * A request for leave of absence that occurs after the drop/add date of a semester requires additional documentation and approval of the Registrar and Program Coordinator.

Student Signature

Date

*Program Coordinator Signature

Date

Office Use Only

Recorded to Banner: _____
Initials

Date