**ETON UNIVERSITY**

 **LEAVE OF ABSENCE APPLICATION FORM**

STUDENT DETAILS

Full Name:

Eton University Student ID number:

Program:

Major / Specialisation, if applicable:

Commence leave from:

Recommence study from:

Reason for requesting a leave of absence:

I understand that:

* This application form should be submitted before the start of the quarter
* I will be advised of the outcome of this application via my email within 2 weeks of submitting the request
* A Leave of Absence can be granted for a maximum of two consecutive quarters

Student’s signature:

Date:

**For Office Use Only**

Program Manager/Dean Recommendation: Recommended/Not recommended

Comments:

Name:

Signature:

Date:

Provost Recommendation: Recommended/ Not recommended

Comments:

Name:

Signature:

Date:

Student Affairs Head: Approved/ Not approved

Comments:

Name:

Signature:

Date: