



Exception to an Approved Leave of Absence

STUDENT INFORMATION: (Please print)

Banner ID:				
Last Name:		First Name:		MI:
Street Address		City:	State:	Zip:
Cell Phone:		Preferred Email Address :		
_____		_____		
Student Signature		Date		
OFFICE USE ONLY: Received: ___/___/___				
<input type="checkbox"/> Approved		<input type="checkbox"/> Not Approved		

		Signature/Date		

I am requesting: Extension Reduction in my previously approved leave of absence from JCU

Plan to return: Fall: _____ Spring: _____ Summer: _____

Reason(s) for change in plan:

This form & documentation should be faxed to 216.397.3098, e-mailed to enrollment@jcu.edu, or mailed to John Carroll University, Enrollment Services 1 John Carroll Blvd., University Heights, OH 44118. If you have questions you may contact 216.397.4248