



Exception to an Approved Leave of Absence

STUDENT INFORMATION: (Please print)

Student ID:				
Last Name:		First Name:		MI:
Street Address:		City:	State:	Zip:
Cell Phone:		Preferred Email Address :		
Student Signature:			Date:	

OFFICE USE ONLY: Received: _____

Approved Not Approved

_____ Signature /Date

Processed _____

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: