Kingston University
3871 E. Colorado Blvd., Pasadena, CA 91107
Tel: 626-229-9929 / 562-868-6488

REQUEST FOR LEAVE OF ABSENCE

According to state and Kingston University regulations, a student may request a Leave of Absence (LOA) for up to 180 days within any twelve (12) month period for reasonable reasons and maintain his/her enrollment status if the LOA is filed in time and approved by the Academic Dean and Registrar office. Students taking a leave without obtaining approval from the Dean and Registrar office, or for more than 180 days within any twelve (12) months shall be considered as withdrawal from Kingston University and lose enrollment status, and are required to re-apply for admission to Kingston University by following the Application for Admission procedure requirements effective at the time of re-application.

Students wishing to obtain an approval for a leave of absence are required to complete the following information and submit the form to the Dean for approval

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

I, _____ , am a student of _____
. Last *First* *Program Name*

Kingston University, with a Student ID _____, as a ☐ local resident ☐ foreign student under a _____ legal/visa status. I hereby request a Leave of Absence from the University for a period of _____ days, beginning from _____ to _____ for ☐medical reason ☐personal reason.
mm/dd/yyyy *mm/dd/yyyy*

I have read and understand the school's rule and regulations pertaining to Leave of Absences, and I will personally file this form with the Dean for approval. I further understand that if I do not obtain Dean's approval for my Request for Leave of Absence or remain absent from the University for more than 180 days within twelve (12) months of time, I am required to re-apply for enrollment at the University by re-submitting a new application with an applicable application fee, paying all outstanding balance and interest charge, if any, paying all current application tuition and fees and by complying to all new policies, regulations and requirements applicable to the time of readmission.

My current contact information is as follows:

Current address: _____
Street City State & Zip Code

Phone No: _____ Other Contact Phone No. _____

_____ _____
Student Signature Date

---------- **School Use** ----------

Dean's Approval ☐ Yes ☐ No

_____ _____
Signature of Dean Date

The student has fulfilled financial obligation ☐ Yes ☐ No

_____ _____
Signature of Registrar Date

If the student is a F-1 student

_____ _____
Signature of DSO Date