



# Kingston University

12100 Imperial Hwy, Norwalk, Ca 90650  
Tel: 562-868-6488 Fax: 562-868-6378

## 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