

Leave of Absence Request

This form must be submitted to the Office of the Registrar

						_
Student Name:						
Last		First		Middle		
Student ID Number S	0 0 0 0]			
Are you a Scholarship	Student? YES	□NO	Phone nu	mber:		
Declared Unde	eclared					
Leave Effective:	Fall Spring [Summer	Year	2 0		
Return Effective:	Fall Spring [Summer	Year	2 0		
Personal reasons	☐ Financial re	easons	Academic	reasons		
Other (please explain): _						
be away up to a maximum period. This form should only be period for that semester Should the student decide "reinstate" the student's would have to re-apply the readmission requirement *** If you plan on taking this request. ***	e used prior to the beginner for future semesters. The to return to AUK with account. Per the AUK account the Office of A s and all admissions design.	nning of a ser chin one acade Catalog, stude dmissions. Al adlines.	nester before emic year the ents who retu I returning stu	the end of the Office of the one of the one of the one of the one of the other one of the other one of the other one of the other of th	the drop/add ne Registrar was academic year meet the	ll r
Note: Undeclared stud	ents should seek app	roval from th	ne CAS Dean	1		
tudent's Signature & Date		Scho	Scholarship Office (All Students) Signature & Date			
Department Chair (Declared Students) Signature & Date		Date Libra	Library (All Students) Signature & Date			
Dean's Signature & Date		 Finan	ce Departmen	t (All Student	ts) Signature &	
Office of the Registrar American University of Kuw Tel: + (965) 224 8399 ext Fax: + (965) 2571 5891					Processed by:	

Last Modified: May, 2014