Ubiquity University, Wisdom School of Graduate Studies
Registrar@UbiquityUniversity.org

LEAVE OF ABSENCE REQUEST FORM

Last Name	First Name	Middle Name	Phone Number
			( )

Address: # & street, apt #	City	State	Zip Code

Email Address

Last Intensive Attended/Planning to Attend (Month/Date/Year)	Anticipated Date of Return

Reason for leave of absence (use additional pages, if necessary):

Student Signature:_____ Date:_____

UBIQUITY UNIVERSITY OFFICIAL USE ONLY

Ubiquity University Authorization:_____ Date:_____

Registrar Signature: _____ Date Effective: _____