

**Chang Gung University
Office of Academic Affairs
Leave of Absence Request**

Name: _____

Chang Gung University ID: _____ Class Year: _____

Have you taken a leave of absence previously? If so, list semester(s): _____

Contact information while on leave:

Mailing address: _____

Telephone: _____ Cell Phone: _____

Chang Gung University email: _____

Leave of absence period: From _____ to _____

Expected Semester of Return: _____

Reason for leave of absence:

* I have read the Chang Gung University Voluntary Leave of Absence Policy found on the Registrar's Office website.

Student: _____ Date: _____

Chang Gung University Signatures

Dean of the Office of Academic Affairs (required):

_____ Date: _____

Advisor:

_____ Date: _____

Registrar (required):

_____ Date: _____

* Completed requests must be submitted to the Office of Academic Affairs by the 10th week of the semester. You will receive confirmation of your leave status via email.

* The Registrar's Office expects you to return and enroll in classes for the semester that you have indicated. You must apply for the return before the first week of the semester. Your student status will be reactivated and you will be billed accordingly. If you want to extend your leave beyond this date, you must request additional leave.