



# JOHN CABOT UNIVERSITY

## LEAVE OF ABSENCE

ROME, \_\_\_\_/\_\_\_\_/20\_\_

FULL NAME \_\_\_\_\_

TERM \_\_\_\_\_

CUMULATIVE GPA \_\_\_\_\_

### REASON FOR LEAVE OF ABSENCE:

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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STUDENT'S SIGNATURE \_\_\_\_\_

**THIS FORM MUST BE RETURNED TO THE REGISTRAR'S OFFICE  
ONLY IF ALL SIGNATURES HAVE BEEN COLLECTED**

DEAN OF ACADEMIC AFFAIRS \_\_\_\_\_

DIRECTOR OF FINANCE \_\_\_\_\_

DIRECTOR OF HOUSING \_\_\_\_\_

DIRECTOR OF ADMISSIONS \_\_\_\_\_

FINANCIAL AID OFFICER \_\_\_\_\_

REGISTRAR \_\_\_\_\_