KERNEL UNIVERSITY
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LEAVE OF ABSENCE FORM

Student Name:_____ Date: _____

Student ID:_____ Phone:_____

Address:_____

Last Date of Attendance:_____Major Program: _____

Reason for Leave:_____

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Possible Return Date:_____

Student Signature:_____ Date:_____

Dean or Program Director Signature:_____ Date:_____

Leaves are initially granted for a period of no more than one year, but an extension of up to one additional year may be granted under exceptional circumstances. When an extension is granted, the conditions for return must be negotiated with the advisor or school dean prior to returning to the program. This form may be completed whether or not the student is available to sign, whenever a student is no longer attending class.