KERNEL UNIVERSITY
905 South Euclid Street, STE213, Fullerton, California 92832
Tel. 714.995.9988 www.kernel.edu office@kernel.edu

LEAVE OF ABSENCE REQUEST FORM

Student Name:_____ Date: _____

Student ID:_____ Phone:_____

Address:_____

Last Date of Attendance:_____ Academic Program: _____

Reason for Leave:_____

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Expected Return Date: _____

Student Signature:_____ Date:_____

Dean / Program Director Signature: _____ Date:_____

DSO Review Signature (F-1 Students only) : _____ Date: _____

A leave of absence may be granted for up to one year, with an additional year approved only under exceptional circumstances. F-1 students must consult with the DSO before taking leave and comply with all applicable SEVIS requirements.