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.