



# STANTON UNIVERSITY

9618 Garden Grove Blvd., Suite 201, Garden Grove, CA 92844

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## Leave Of Absence Petition

Name: \_\_\_\_\_ SUID #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Program (Major):

- Professional Golf Mgmt.:  AAS PGGCM  
Fine Arts:  B.F.A.  
Business Management:  B.A.  MBA  
Oriental Medicine:  M.S.O.M  DOM  
Theology:  B.A.  M.A.  M.Div.  D.Min.

I request a Leave of Absence (LOA) for:

- Winter  Spring  Summer  Fall, Year (20 )

Reason for Request:

- Financial  Medical/Health  Personal  Military  Employment

I understand that if I do not return to the University following the approved term for my LOA and I later decide to continue my coursework at the University, I will need to apply for readmission and will be required to follow the program requirements in effect at the time of my return. The *Application for Readmission* to Stanton University is submitted to the school/college where I plan to continue my education.

I understand and agree to this policy:

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_

DAR's Signature \_\_\_\_\_ Date: \_\_\_\_\_