



STANTON UNIVERSITY

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

Tel.714.539.6561 Fax.714.539.6542 su@stantonuniversity.com

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 I must pay my unpaid tuition in full, otherwise, a monthly charge of \$50 late fee will be added to my student account each month of non-payment. 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: _____