# Student LOA Request

<table>
<thead>
<tr>
<th>Department</th>
<th>ACCR Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name</td>
<td>GPA</td>
</tr>
<tr>
<td>Student Number</td>
<td>Return Date</td>
</tr>
</tbody>
</table>

## Departmental Dean:

**Signature:**

________________________________

**Comments:**

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## Dean of Academics:

**Signature:**

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**Comments:**

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**Received by Student Services:**

**Signature:**

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**Date of LOA begin:**

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**Date of Return:**

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Send Copy to Departmental Associate Dean/Dean of Academics/Director of Student Services