REQUEST FOR EMERGENCY LEAVE

• Emergency Leave is approved only for two weeks. If the period of emergency exceeds two weeks, student is considered automatically withdrawn from the University.

I, __________________________________, ID # ______________________, a student of CalUMS, hereby request for a Emergency Leave from the University for a period of ________ days, beginning on ___________________ to ___________________ for the following reason/s (please check):
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

I have read and understood all the rules and regulations pertaining to Leave of Absence.

______________________________________________  ______________________________
STUDENT’S SIGNATURE                                       DATE

______________________________________________  ______________________________
ACADEMIC DEAN’S SIGNATURE  DATE