



SANTA CLARA UNIVERSITY
LEAVEY SCHOOL OF BUSINESS

Request for Leave of Absence

First Name (as it appears on SCU ID card)

Last Name (as it appears on SCU ID card)

SCU ID#

NON SCU Email

Date

Current Program Name: _____ Starting term of Leave: _____

Anticipated term for return: _____

Which best describes your need to take this Leave: Financial, Medical*, Personal (family events), Work (business travel or change in responsibilities)

By checking this box, I acknowledge that the University will deactivate my record (ability to register) and in order to register I MUST notify, via email, the Graduate Program Office at mba@scu.edu

By checking this box, I acknowledge that while on an approved LOA, I will have no access to the Malley Fitness and Recreation Center.

By checking this box, I acknowledge that I will not have remote access to the online databases, journals and magazines at the University Library or the ability to check out materials. *You will, however, still be able to use the University Library and Learning Commons facilities and computers and access the online databases, journals and magazines while on site at the Learning Commons.*

By checking this box, I acknowledge that it is MY responsibility to notify the Graduate Business Program Office of my intent to return so that I may enroll during Open Registration or designated enrollment window and avoid unnecessary fees.

By checking this box, I acknowledge that I have read and understand the full leave of absence policy as outlined in the Graduate Business Bulletin.

Student Signature certifies that all information provided on this form is accurate

Date (MM/DD/YY)