

PEPPERDINE UNIVERSITY

Graduate School of Education and Psychology

LEAVE OF ABSENCE REQUEST FORM

I plan to return/re-enroll in:

Fall (September) Spring (January) Summer (May)

Year _____

PROGRAM OF STUDY _____

NAME _____

Student ID No. _____

PHONE # _____

ADDRESS _____

SIGNATURE _____

TODAY'S DATE _____

Please return this form to:

PEPPERDINE UNIVERSITY
Graduate School of Education and Psychology
Registration Office
6100 Center Drive, 5th Floor
Los Angeles, CA 90045