



STANTON UNIVERSITY

9618 GARDEN GROVE BLVD., SUITE 201, GARDEN GROVE, CA 92844

TEL. 714.539.6561 FAX. 714.537.6542 INFO@STANTON.EDU

Leave of Absence Petition

Name: _____

SID #: _____

Address: _____

Phone: _____

Email: _____

Program (Major):

Professional Golf Mgmt.: AAS PGGCM

Business Management: B.A. MBA

Korean Culinary Arts: AAS KCA

I request a Leave of Absence (LOA) for the academic quarter:

Winter Spring Summer Fall Year: _____

Reason for Request:

I, the student, 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, the student, understand and agree to this policy:

Student's Signature _____ Date: _____

DSO Signature _____ Date: _____