



**ALABAMA STATE UNIVERSITY
Montgomery, Alabama**

Request For Study Leave Of Absence

Name _____ Social Security Number _____

Rank _____ Title _____

Department _____ College _____

Degree toward which you will be studying _____

Month you plan to begin your study _____

Duration of Study Leave _____

Name of University where you plan to study _____

Do you plan to return to ASU upon completion of your approved study leave?

_____ Yes _____ No

Do you plan to request Financial Assistance from ASU? _____

Submitted by _____ Date _____

Name and Title

Recommended by: _____ Date _____

Department Chairperson

Recommended by: _____ Date _____

Dean

Approved by: _____ Date _____

Area Vice President

_____ Date _____

President