

LINCOLN LAW SCHOOL OF SAN JOSE
One North First Street
San Jose, CA 95113

REQUEST FOR LEAVE OF ABSENCE

Name: _____ Term _____ Year _____

I request a Leave of Absence from school from _____ to _____ for the following reason(s):

I understand that my academic record will be taken into account when evaluating my request and that all outstanding financial obligations to the Law School must be paid in order to be in Good Standing.

Date: _____ Student Signature: _____

Approved by: _____

Comments: _____

Office Use Only

Admin _____

Assoc. Dean _____

Registrar _____

Acctg _____