



Bethesda University

730 North Euclid Street, Anaheim, California 92801 Tel: (714)683-1212, Fax: (714)683-1205

REQUEST FOR LEAVE OF ABSENCE (휴학신청서)

Please fill out this form and submit it to BU Registrar's Office.

Name (이름/영문)	Student ID (학번)	Date of Birth (생년월일)
Current Address (현주소)		
Email Address (이메일 주소)	Phone Number (전화번호)	Major (전공)

The student must get the clearance from the following departments.

Title	Signature	Date
International Student Advisor (유학생인 경우)		/ /
Financial Aid Officer (Financial Aid 수혜자인 경우)		/ /
Treasurer (재무처)		/ /
Librarian (도서관)		/ /

Please explain why you are requesting to be on a Leave of Absence from the current semester. Please, attach any necessary supporting document(s) with this form.

Student Signature

Date

Academic Office

Date