



# MD Kirk School of Law

3435 Wilshire Blvd., Suite 3040, Los Angeles, CA 90010

Phone : (213) 368-5475 Fax : (213) 386-7280

## Request to Take a Leave of Absence from MD Kirk School of Law

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Resident Number: \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

U.S. SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_



I hereby request to take a leave of absence from MD Kirk School of Law effective as of (*month*) \_\_\_\_\_ (*day*) \_\_\_\_\_, 20\_\_\_\_ due to personal reasons or:

(\*Optional) Due to other Reason(s) or comments: \_\_\_\_\_

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\_\_\_\_\_

Student signature \_\_\_\_\_

Date \_\_\_\_\_

Administrator signature \_\_\_\_\_

Date \_\_\_\_\_