# Leave of Absence – Request Form

***SECTION A (To be filled by the student)***

Student First, Last Name:

Department (Kuchipudi, Carnatic Music etc.):

Program (Masters/ Diploma/ Certificate):

Notification Date:

Semester for which leave of absence is requested: SPRING 2026

Reason for leave of absence:

NOTE: If a student is absent for more than 2 semesters, their enrollment is considered inactive for the remaining length of the program. The student is then required to apply again as a new student.

Student Signature: _____ Date: _____

***SECTION B (To be filled by the Aria University office)***

I hereby approve the above student's request for a leave absence for the specified period.

Signature: _____ Date: _____