

**MICHIGAN STATE
UNIVERSITY
COLLEGE OF LAW**

J.D. Leave of Absence Request

Anticipated Leave Semester(s): _____ Date: _____

First Name: _____ Surname: _____

PID#: _____

Mailing address during absence:

Non-MSU email address: _____

Phone # (____) _____

I am requesting a leave of absence for the following reason(s):

NOTE: A student who is requesting a leave of absence must consult with the Asst. Dean for Student Engagement.

Student's Signature: _____

Asst. Dean for Student Engagement's Signature: _____

Date: _____

OFFICE USE ONLY

First semester of leave: _____ LW – LEAV LM – LEV2
Issued SSC _____ Date _____ Staff Initials _____