



International Reformed University & Seminary

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Tel (213)381-0081, Fax (213)381-0010
www.irus.edu office@irus.edu

LEAVE OF ABSENCE APPLICATION FORM

The following information must be completed by the student.

Student Name	(English)	(Korean)	
Student ID		Data of Birth	
Address			
Email		Degree Program	
Tel #		Cell #	

Semester of Request: Spring (), Fall (), Year ()

Semester of Return: Spring (), Fall (), Year ()

Reason for Leave of Absence

Work (), Personal (), Medical (), Finance (), Unknown ()

Others _____

Describe Briefly:

If you are an international student and applying for approval to take a reduced course load, you need to fill out the Reduce Course Load Authorization Form.

I state that the information I am providing on this form is true.

Student Signature

Date

The following information must be completed by the IRUS

Signature of Academic Dean

Date

Student of DSO

Date

Signature of Chief Financial Officer

Date