



Military Leave of Absence Form

Student Name: _____ PID #: _____

Current Major: _____

Permanent Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

I elect to take a leave of absence:

Beginning: Fall _____ Spring _____ Summer _____

Returning: Fall _____ Spring _____ Summer _____

Reason for Leave: _____

Please attach copy of deployment orders

Do you currently receive Veteran's Educational Benefits? Yes _____ No _____

Student Signature: _____ Date: _____

After completing this form, please return to the CSU-Pueblo Admissions and Records Office (ADM 202).

You will not be required to re-apply if you return on or before the returning semester noted above. You will be allowed to retain your current catalog rights if you return on or before the returning semester noted above.