

**COLLEGE OF DESIGN, ARCHITECTURE, ART, AND PLANNING  
Program Leave of Absence**

Date: \_\_\_\_\_

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

UCID: \_\_\_\_\_

Program: \_\_\_\_\_

Year in Program: \_\_\_\_\_

Local mailing address: \_\_\_\_\_

Local phone/cell phone: \_\_\_\_\_ BOL email address: \_\_\_\_\_

Effective date of leave of absence: \_\_\_\_\_

For which quarter(s): \_\_\_\_\_

Quarter returning to program: \_\_\_\_\_

Please indicate your past academic/co-op schedule by "blackening in" the appropriate boxes. Show your anticipated return by "X-ing in" the appropriate box.

20__ - 20__				20__ - 20__				20__ - 20__				20__ - 20__				20__ - 20__				20__ - 20__			
au	wi	sp	su	au	wi	sp	su	au	wi	sp	su	au	wi	sp	su	au	wi	sp	su	au	wi	sp	su

Reason for program leave of absence: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Student Signature \_\_\_\_\_ Date: \_\_\_\_\_
- Interviewed by advisor: \_\_\_\_\_ Date: \_\_\_\_\_  
 or program chair: \_\_\_\_\_ Date: \_\_\_\_\_
- Professional Practice advisor: \_\_\_\_\_ Date: \_\_\_\_\_  
 (if applicable)
- Assistant Dean: \_\_\_\_\_ Date: \_\_\_\_\_

**Note to student:** During the time of your leave of absence you will continued to be classified a DAAP student in your current program. However, you are not to take courses in your major area. You should pick up your priority registration form in your departmental office each quarter.

c: Department  
 Student  
 Professional Practice (if applicable)