

UCCS Military Leave of Absence Application

Name_____ Student Number_____

Address_____

City, State, Zip_____

Phone_____ UCCS Email Address_____

Major_____ Academic Advisor_____

Last Term Enrolled_____ Returning Term and Year_____

A copy of my military orders are attached to this form.

I will notify the Office of Veteran and Military Student Affairs if I plan to return to school earlier than the period of time listed above.

Student's Signature_____ Date_____