
Calumet College



of Saint Joseph

You Belong!
ccsi.edu

Military Leave of Absence Request

Date: _____

Student Name (as it appears in university records): _____

ID#: _____

CCSJ email address: _____

Based on the U.S. military orders that I have attached, I request to be placed on military leave of absence from Calumet College of St. Joseph beginning _____. I currently believe I am likely to return to Calumet College of St. Joseph for the Fall/Spring/Summer (circle one) term of _____ (year).

I am currently enrolled in courses that I will also need to withdraw from (circle one). YES NO

I understand that I must contact my academic unit prior to my return to complete any appropriate student advising requirements. I also understand that I may request assistance from the Veteran Services Office or the Registrar with that process.

Signature: _____ **Date:** _____

PLEASE ATTACH A COPY OF YOUR ORDERS

OFFICE USE ONLY:

____ Received By: _____ Date: _____

____ Copy sent to Registrar/VA Veteran Services on: _____ for application of LEAVE/MIL code applied to their program plan stack within their official student record.