

**WESTERN MICHIGAN UNIVERSITY**  
**School of Art**

Leave of Absence Approval Plan Request Form

Requested by: \_\_\_\_\_

Reason (circle):      Medical      Professional (Travel)      Personal Necessity Leave

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

Purpose:

Date(s) to be absent: \_\_\_\_\_

Classes to be missed:

Coverage Provisions

Approved by:

\_\_\_\_\_  
Director

\_\_\_\_\_  
Date