



REQUEST LEAVE OF ABSENCE

Name: _____

ID Number: _____

Degree: _____

Semester: _____

Permanent Address in México:

Street: _____

Residential Area: _____

Country: _____

Zip Code: _____

Phone Number: _____

UAG E-mail: _____ Other E-mail: _____

Permanent Address in USA or PR:

Street: _____

Residential Area: _____

Country: _____

Zip Code: _____

Phone Number: _____

REASON: (Please attach an explanation in a separate sheet. This must be a written explanation on computer or typewriter.)

Signature: _____ Date: _____

UAG officials only

Firma Finanzas _____

Firma Migración _____

Firma Asistencia Asuntos Escolares _____