



Intent to Resume Studies

Submit to LBC/CUTS Registrar

PLEASE PRINT

Student Name _____ Student ID # _____

Street Address _____

City State Zip _____

Telephone (home) (____) _____ (work) (____) _____ (cell) (____) _____

Fax (____) _____ Email address _____

Degree Program CBCC AAB AABS BA BAB BABS BS BSBA BSHS

I am requesting an academic break for academic period _____/_____ (Term/Year)

Type of Leave: Medical - A physician's note must accompany this request.

OTHER - _____

I plan to resume my studies: _____/_____ (Term/Year)

"I understand that I will receive correspondence and registration materials from LBC/CUTS to the above address at the planned term to resume my studies unless I notify otherwise. I understand that I must notify the LBC/CUTS registrar of any change in my leave status. I understand that I will be unable to resume my studies unless all outstanding financial obligations are satisfied."

Student's Signature: _____ Date: _____

LBC/CUTS Registrar

Date received: _____

Last Completed Semester: _____ Number of Completed Credits: _____

Additional Comments

LBC/CUTS Registrar's Signature: _____ Date: _____

- Copies to: Academic Advisor
 LBC/CUTS Business Office- Date _____
 Student- Date _____