

EDUCATIONAL LEAVE OF ABSENCE ADDENDUM

Submit this form with Form 36609, Request for Leave of Absence, to request an educational leave from the University of Michigan.

Please complete these items and obtain proof of registration from the educational institution in which you are enrolled.

Last Name:		First Name:		Middle Name:
UMID:	Educational leave dates requested FROM:		TO:	
Educational Institution (you must be enrolled as a full-time student):				
Degree Pursued:				
This educational program will qualify me for the following position at the University of Michigan:				
SIGNATURE:			DATE:	

PROOF OF REGISTRATION

Please certify the following information:

Name of U-M Employee Enrolled at Your Educational Institution:		
Name of Your Educational Institution:		
Number of Hours Enrolled:	Name of Enrolled Term:	
Date Enrolled Term Ends:		
This constitutes a (check one):	Full-time class load	Part-time class load
Signature of Registrar or Representative:		DATE:

AFFIX SEAL HERE: