



Leave of Absence Request

The following information **MUST** be completed by the student:

Last Name: _____ First Name: _____

Leave of Absence Start Date: _____ Expected Return Date: _____

Reason for Leave of Absence (explain in detail):

Acknowledgements

I am requesting a Leave of Absence, and acknowledge the following:

1. I have read and understand the Leave of Absence Policy.
2. A Leave of Absence must be requested in advance of the Leave of Absence start date unless unforeseen circumstances prevent me from doing so.
3. My approved Leave of Absence expires on the expected return date noted above provided I do not engage in an academically related activity prior to the expected return date.
4. The school will notify me of the approval or denial of my Leave of Absence request.
5. The withdrawal date and beginning of the grace period will be the last date of class attendance.
6. I am aware that I may have to re-start the next class and pay applicable fees.

By signing this form, I am requesting a leave of absence and understand the above information.

Student Signature

Date