

LEAVE OF ABSENCE REQUEST FORM

NOTE: Please attach along with documentation(s) as proof in order to be approved (refer to the catalog for acceptable reasons). To avoid any holds on the account, students must complete any missing payment and late fee on the first date of returning to school, if applicable.

The student is required to meet with the School Official after the LOA period ended to sign a new Enrollment Agreement Addendum.

Student name : _____

Program : _____

Period request for an LOA : From ____/____/____ to ____/____/____

Scheduled return date : ____/____/____

Types of absence request Medical necessity/ major illness

Death in the immediate family

Reason for absence : _____

Student's signature

Print Name

Date

SCHOOL OFFICIAL ONLY

School Official review and decision:

Approved

Rejected

Reason for the decision:

School Official's signature

Print Name

Date