



Student's Leave Of Absence Request Form

Name: _____

Program: _____

Period Request for a LOA: ____/____/____ to ____/____/____

Scheduled Return Date: ____/____/____

Reason(s) _____

Note: If LOA request form is turned in *after* the absence due to unforeseen circumstances, please attach along documentation(s) as proof in order to be approved (refer to the catalog for acceptable reasons)

*****Student is required to see the School Director after an LOA to sign a new Enrollment Agreement.**

Student's Signature

Date

School Official ONLY

School Official review and decision:

☐ Approved

☐ Rejected (only consider if the LOA request form is turned in after the absence)

Reason(s) for the decision: Approved/Rejected (if the LOA is turned in after the absence)

☐ LOA period is less/more than 180 days

☐ Has a valid/invalid reason(s)

Others: _____

School Official Signature

Print Name

Date