



LEAVE OF ABSENCE FORM FOR STUDENTS (LOA)

Name of Student: _____

Address: _____

City/State: _____ Zip: _____

Program: _____

Date of Request for LOA: _____

This form is to be used to request a Leave of Absence from your current program. The form will be kept in your student file for three (3) years. Students may be asked for verification of the request such as evidence of an emergency or a doctor's note before the leave is granted. If the student's LOA is not approved, the student will be counted as absent and subject to withdrawal.

REASON FOR REQUEST

☐ Illness

☐ Work Conflicts

☐ Military Orders

☐ Other

Describe in detail reason for the request (Attach supporting documentation):

I understand that this request does not guarantee approval.

Student Signature

Date

FINAL PROCESS / RECORDS OFFICE USE ONLY

☐ APPROVED

☐ DENIED

Reason: _____ Date: _____

By: _____ Title: _____