



LEAVE OF ABSENCE FORM

Date: _____

Class: _____

Student Name: _____

SS#: _____

Address: _____

State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

I would like to request a leave of absence.

Start Date: _____

Expected Return Date: _____

Please check the reason which most closely matches your reason for requesting a Leave of Absence:

Family

Inflexible Work Schedule

Medical

Moving

Financial

Jury Duty

Armed Services

Other (Explain Below)

I have read and understand the rules regarding Leave of Absence as stated in the School Catalog.

Student Signature

Date

This section is to be completed by the College Official

Request Granted

Expected Return Date: _____

Request Denied due to the following reason/s:

College Official

Date