



**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