Leave of Absence Form

_____

Name: Last First

_____

Address: Street City State Zip

_____

Cell Phone Home Phone

Reason for Leave of Absence:

- ❑ Medical
- ❑ Bereavement
- ❑ Military Orders
- ❑ Job Duty

Date Leave Starts: _____

Date Leave Ends: _____

Classes Affected:_____

- ❑ I will be absent from class but continue to attend
- ❑ I will be dis-enrolling from class

Student Responsibility:

Instructor Signatures:

X_____ Class:_____

X_____ Class:_____

X_____ Class:_____

Attached Documentation:

- ❑ Student Letter
- ❑ Military Orders
- ❑ Doctor's Note
- ❑ If withdrawing from class, withdraw form filled out and attached

For Office Use

_____

- ❑ Director's Signature of Approval
- ❑ Date of Approval:_____
- ❑ Copies to Instructors
- ❑ Program End Date Changed