REQUEST FOR LEAVE OF ABSENCE (LOA)

Date: _____

Student Name: _____ Program: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

I will be starting my LOA as of (m/d/y):

_____

I will be returning to school as of (m/d/y):

_____

The reason for my Leave of Absence is *(if personal, student must explain)*:

_____

_____

_____

_____

_____

_____   _____

Student Signature   Date

Office Use Only:

LDA: _____ LOA Start Date: _____ LOA End Date: _____

Request Granted: (   ) YES   (   ) NO

School Official Signature: _____ Date: _____