



Leave of Absence Request Form

I, _____, am requesting a Leave of Absence from the New America College (NAC).

The reason for my request is:

- € Medical reason. € Doctor's note attached. _____
- € Maternity leave. € Doctor's note or birth certificate attached.
- € Paternity leave. € Doctor's note or birth certificate attached.
- € Other reason. € Documentation attached. _____
- € Out of country. € Plane ticket attached. Dates: _____

Start date: _____ **End date:** _____ **Return to NAC:**

- I understand that the Leave of Absence will start as of my last date of attendance, and **may not exceed five months.**
- I understand that I will continue to make scheduled payments while on a Leave of Absence (if in the country). I understand that a non-refundable one-month deposit will be required and will be applied for tuition upon return (for non-paying LOA).
- I understand that if I do not return, in accordance with NAC's policy, I will be terminated on the day following the expected return date.

_____ **Student Signature**

_____ **Date**

Tjitra Armendariz _____	€ Deposit € Deposit NA
Regina Kireva _____	€ Paying € Non-paying
Megan Kobzej _____	
Dominic DiFelice _____	

925 S. Niagara Street
Denver, CO 80224
www.newamericacollege.org

Advising Comments:

For Administrative Approval Only.

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