

Leave of Absence Request

The following information **MUST** be completed by the student:

Last Name: _____ First Name: _____ Student IRN: _____

Leave of Absence Start Date: _____ Expected Return Date: _____

Note: You must check with advisor to confirm program start date for the earliest expected date of return.

Reason for Leave of Absence

_____ Family Medical Leave _____ Military _____ Employment

_____ Jury Duty _____ Unforeseen Circumstances _____ Extension

_____ Other (including business and personal related leaves)

If other, explain in detail.

Acknowledgements

I am requesting a Leave of Absence, and acknowledge the following:

1. I have read and understand the Leave of Absence Policy in the Consumer Information Guide.
2. A Leave of Absence must be requested in advance of the Leave of Absence start date unless unforeseen circumstances prevent me from doing so.
3. My approved Leave of Absence expires on the expected return date noted above provided I do not engage in an academically related activity prior to the expected return date.
4. The school will notify me of the approval or denial of my Leave of Absence request.
5. By federal law, an approved Leave of Absence cannot exceed 180 days in a 12-month period.
6. If I do not return as scheduled, the following apply:
 - a) My federal financial aid will be reviewed to determine whether any financial aid funds paid to the school must be returned to the grant/loan program source.
 - b) Any grace period for federal financial aid loan programs could be exhausted in whole or in part.
7. The withdrawal date and beginning of the grace period will be the last date of class attendance.

By signing this form, I am requesting a leave of absence and understand the above information.

Student Signature

Date