



**REQUEST FORM
Leave of Absence
Extended Time Off**

Students in good academic standing may apply for extended time off, not to exceed 24 days, or a leave of absence not to exceed 180 days in any 12 month period when events such as serious medical problems, injury, pregnancy, military duty, or other extenuating circumstances as approved by the Program Director prevent active participation in the program.

Requests must be approved in advance of the extended time off/leave of absence by the Program Director. In the event that this is not possible, the request should be submitted as soon as the student is able. Under no circumstances may a, extended time off or leave of absence be applied retroactively.

A student approved for extended time off must work directly with their Program Director and instructor(s) to comply with requirements of the policy.

A student returning from a leave of absence must contact their Program Director and Financial Aid Office prior to their return.

Please complete the form below and submit the signed form to your Program Director along with supporting ** documentation.

STUDENT INFORMATION

Name: _____ Student ID#: _____

Email Address: _____ Phone Number: _____

Program: _____ Cohort ID#: _____

Have you previously been granted extended time off or A leave of absence within the past 12 months?

Yes No

If yes, date: _____

EXTENDED TIME OFF/LEAVE OF ABSENCE PERIOD REQUESTED

**** Please attach a letter detailing your reason for requesting extended time off or a leave of absence.**

Leave of Absence Requested: to Date to Return:

Extended Time Off Requested: to Date to Return:

Student Signature Date:

APPROVALS

Approve Disapprove

Program Director Signature: Date: