



LEAVE OF ABSENCE FORM (LOA)

Date:

Program:

Student Name:

Address:

City:

State:

Zip:

Phone Number:

Email:

I will be starting my Leave of Absence as of (mm/dd/yyyy): _____

I will be returning to school as of (mm/dd/yyyy): _____

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

Student Signature

Date

Office Use Only:

Last Date of Attendance:	Leave Of Absence Start Date:	Leave Of Absence End Date:
Request Granted: <input type="checkbox"/> YES	<input type="checkbox"/> NO	
Comments:		
School Official Signature:	Date:	