
Students who require a period of time away from the College may request to take a leave of absence by the date established on the academic calendar appropriate to their program option/track. This form must be completed in its entirety and submitted to the College Registrar. A written/typed explanation for the request and proper supporting documentation must accompany this form.

STUDENT INFORMATION

Name: _____ Current Semester/Term: _____ Date: _____

Phone Number: _____ Email Address: _____

Reason for Leave Request (check one): Personal Medical Military

Desired Effective Semester/Term: _____

STUDENT ACKNOWLEDGEMENT

*I have attached the required written/typed explanation for the request and provided applicable supporting documentation if necessary (i.e. medical documentation or military service orders). I acknowledge full responsibility for and accept any and all academic and financial consequences that may result from this request. I understand that re-enrollment in courses is dependent upon space availability. I understand that I am responsible for contacting the College Registrar by a specified deadline to indicate my intention to return.

Student Signature: _____ Date: _____

Academic Advisor Signature: _____ Date: _____

Financial Affairs Officer Signature: _____ Date: _____

For Office Use Only:

Leave Request (check one): Approved Denied

Program Chair/Associate Dean Signature: _____ Date: _____

Registrar Signature: _____ Date: _____