



Request for Leave of Absence
(Must not exceed 60 days)

Person requesting LOA: First Name: _____ Last Name: _____

Student ID: _____ (First and last name initials and last 4 digits of SSN)

Reason for request: (Circle one)

Medical Personal Financial Other

Please explain briefly reason for
request: _____

Date LOA begins:

Date LOA ends:

Signature of Applicant: _____

Date LOA approved:

Signature of School Director granting LOA: _____