

TEMPORARY LEAVE OF ABSENCE (LOA) REQUEST FORM

Name			
Email			
Program			
LOA Request Start Date			
Reason for Leave of Absence Request			
<p><i>Please explain in detail the reason for the Leave of Absence request and the date you expect to return to classes. Once notified of an approved LOA, you will be required to attend LOA counseling with a Financial Aid staff member to cover the requirements of the LOA. (Please use the back of this page for additional space.)</i></p>			
Student Signature		Date	

FOR OFFICE USE ONLY

LOA Start Date		Anticipated Return Date	
Current Enrollment		Clock Hours	