

## LEAVE OF ABSENCE (LOA) REQUEST

College recognizes that there may be times when due to extreme circumstances, student may require a leave. In such case college director may authorize a leave of absence up to 180 days and under no circumstances can a leave of absence be extended beyond 180 days. School recommends that a student may request for a leave should he/she will be absent for more than 10 consecutive school days.

\_\_\_\_\_  
Date this form is prepared & submitted

\_\_\_\_\_  
Student (first & last name)

\_\_\_\_\_  
Student Social Security Number

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone and/or Email

For all students including Financial Aid recipients, LOA are limited to 180 days within a 12-month period. If a LOA is needed for longer than 180 days, students will be terminated from financial aid. The six-month grace period for direct loans will commence upon termination from aid. Time for approved leave of absence may be included in the calculation of a student's maximum program length. If a leave of absence commences before student completes the program of study, grade of "I" is recorded in student record.

\_\_\_\_\_  
Beginning Date of LOA (mm/dd/yyyy):

\_\_\_\_\_  
Return Date of LOA (mm/dd/yyyy):

0 = none given    1 = medical    2 = need time for job    3 = personal (be specific)

\_\_\_\_\_  
Select appropriate reason(s) for the LOA request. Attach to this form any supportive documents.

\_\_\_\_\_  
Current Course

\_\_\_\_\_  
Current SAP Status

\_\_\_\_\_  
Number of credit hrs completed at the time student took LOA

\_\_\_\_\_  
Number of clock hrs completed at the time student took LOA

*Based on the above circumstances, I request this leave of absence.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

NOTE: school will contact you if we are unable to process your request due to your failure to comply with one or more of the school policies & or procedures as listed in the school catalog. Decision will be sent to your address listed above within 10 business days. You may contact the Student Services Manager at (562) 864-0506 extension 29 with any questions.

### FOR OFFICE USE ONLY

Circle as needed: family care required; financial issues; health issues; legal issues; pregnancy; other (personal issues)

Funding Source:

Request APPROVED, Date correction posted in RW/RGM:

Director of Student Services Signature of Approval:

Request DENIED, state reasons for this decision:

Director of Student Services Signature of Denial:

Date Student Returned:

Director of Student Services Signature upon Student Return:

Director of Student Services Signature - student failed to return on scheduled date:

\_\_\_\_\_  
Student Dropped Date (mm/dd/yyyy):