

## LEAVE OF ABSENCE (LOA) REQUEST

Occasionally, students may experience extended personal, medical, or other problems, which make it difficult to attend classes. The institution may allow a student under such circumstances to take a Leave of Absence (LOA) from the program. LOA must be requested in writing by the student and must be approved by the student service personnel. Written request must include the start and end date of the leave of absence. Leaves of Absence may be granted for up to 180 days. Do not request a Leave of Absence unless you absolutely need to be off from school for more than 14 days but less than 180 days. Students will not be assessed additional tuition charges while on Leave of Absence. Students returning from LOA will not retain credit for clock hours and work projects finished in that specific module/course within the LOA duration. Students who fail to return from a LOA will be considered dismissed as of the last day of attendance.

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

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

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)

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

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

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

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

For all students, including Financial Aid recipients, LOAs are limited to 180 days within 12 months. 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 financial 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 the student completes the program of study, a grade of "I" is recorded in the student's record.

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

\_\_\_\_\_  
Returning Date from 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 the student took LOA**

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

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

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

\_\_\_\_\_  
Date

NOTICE: The 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 and procedures as listed in the school catalog. A written decision will be sent to you at the address listed in this form within 10 business days. You may contact the Student Services Office at (562) 864-0506 with any questions. Please mail (15141 Whittier Blvd., Suite 420, Whittier, CA 90603, fax (562-864-7806), or email ([julie@ati.edu](mailto:julie@ati.edu)) the completed form.

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**Determination of Withdrawal from School:** The date the student failed to return as scheduled from an approved leave of absence. If you do not return on the specified return date written on this Leave of Absence form, you will be dropped from the program.

At an institution required to take attendance, the withdrawal date for a student who does not return from a leave of absence is the student's last day of attendance. ATI College will determine that a student withdrew no later than 14 days from when the student was supposed to return from a leave of absence, but did not. For example, if a student's last date of attendance is January 30<sup>th</sup> but then takes a leave of absence until March 30<sup>th</sup>, but then does not return from the leave of absence, ATI College would determine that the student withdrew no later than April 14<sup>th</sup>, and the withdrawal date would be January 30<sup>th</sup>.

### 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 the scheduled date:

Student Dropped Date (mm/dd/yyyy):