

**LEAVE OF ABSENCE**

A leave of absence is to be granted only in extenuating circumstances, such as an accident, prolonged illness, maternity leave, or the death of a relative. The school is expected to explain the implications of a leave to the student. If the student fails to return on the agreed upon date, the student will be dismissed and a refund calculation performed. Experience has shown that most students do not return from a leave of absence. Some programs are too short to make a leave of absence practical. A retention evaluation upon return is to be performed when the leave extends beyond thirty (30) days.

The school director is expected to review the student's request, preferably in person with the student requesting the leave. Not all leave requests should be granted. All leaves of absence must be requested in writing and approved in writing.

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**LEAVE OF ABSENCE REQUEST FORM**  
**SCHOOL NAME**  
**SCHOOL LOCATION**

Student Name \_\_\_\_\_

Social Security #: (last four digits only): XXX-XX-\_\_\_\_\_

Program \_\_\_\_\_ Hours \_\_\_\_\_

I request a leave of absence from \_\_\_\_\_ to \_\_\_\_\_ for the following reason:  
I understand that if I fail to return to school on the return date listed above, the school will dismiss me. I further understand that I will be evaluated upon my return and placed at the appropriate part of the program based upon the amount of program content that I still remember.

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

\_\_\_\_\_ I approve the above leave of absence.

\_\_\_\_\_ I disapprove the above leave of absence.

Reason \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_