



Leave of Absence Request Form

The Institute of Allied Healthcare may grant a Leave of Absence (LOA) from the program if a good cause is presented from the student. Approved reasons for leave of absence are listed in the student catalog. Additional documentation may be requested to determine approval of LOA request.

Student Name:	Date: / /
Reason for the Leave of Absence (provide all supporting documentation):	
Return Date: / /	

- I understand that failure to return on the listed date will result in being withdrawn from the program.

Student Signature: _____

SCHOOL OFFICIAL ONLY

School Official name:	Date Received: / /
Request for LOA is: Approved Denied	Date of Decision: / /
LOA Return Date: / /	# of days in requested leave:
Notes:	

