



LEAVE OF ABSENCE REQUEST

START DATE		ANTICIPATED DATE OF RETURN

*Please give date of return (must not exceed 180 days) *

Date of completion of form: _____ Student's Name: _____

Student ID: _____ Last 4 digits SSN: _____ xxx-xx-

Address: _____

Driver's license #/state: _____ Alternative Email: _____

Telephone number: _____ Major/Program: _____ ASN _____

Number of Program Hours/Credits completed: _____ Last Date of Attendance: _____

INDICATE REASON(S) FOR REQUESTING LEAVE OF ABSENCE: (Check all that apply)

Academic Suspension*	Economic Hardship*	Employment Hardship*
Childcare	Medical Reasons*	Family care
Military deployment (attach documentation) *		
Other (specify):		

*Supporting documentation **MUST** be attached*

Please provide any pertinent information below:

Academic Advisement

Student must stay in communication regarding her status with Azure. Student must contact the SSC, Ms. Aisha 2 weeks prior to the initial return date to start the Reinstatement of LOA. Failure to return from LOA will be grounds for Dismissal. Student must be Financially and Academically cleared to return from LOA.

I understand that I am petitioning for a Leave of Absence and will be notified once a decision has been made about my request.

Student Signature: _____

Date: _____

Student Service: _____

Date: _____

Program Administrator: _____

Date: _____

STEP 2: Students leave of absence request will be processed so students are advised of any financial implications.

- Student received Veterans Benefits? [] Yes [X] No
- Student has been counseled on Standards of Academic Progress policies and how this LOA will affect future receipt of financial obligations. [X] Yes [] No

Student will receive an approval/denial Letter via email within 2-3 business days.

I certify that the information given is complete and accurate. I am requesting a leave of absence from Azure College. My registration for all future course registrations will be cancelled. I am aware that a Leave of Absence from Azure College may affect my financial status at the College, and I take full responsibility for any additional financial obligation that may result because of my leave of absence.

Student Signature/Date: _____

OFFICE USE ONLY

Return the completed form to the registrar's office. Email completed forms and advisements to collegeregistrar@azure.edu via student management system for processing.

- Attendance (if applicable) attached
- Other documentation

Approved by College President/Corporate Administrator
**approval may be sent electronically*

Date