REQUEST FOR LEAVE OF ABSENCE (LOA)

Note: To be eligible for a leave of absence, a student must be in good academic standing.
The LOA must not exceed a total of 180 days within a period of enrollment.

Student's Name: (Print)				Phone:	
Program:				Batch:	
Completed by last day of class:			Units (Degree) or		Hours (Certificate)

I am applying for Angeles College's LOA policy due to:

☐ Emergency ☐ Pregnancy

☐ Illness ☐ Other: _____

Period of Leave Requested	
From:	To:

Please present this form with your Letter of Intent or Doctor's Note (if medical reason). Student must present Physician's Clearance for medical leave of absence.

To be completed by Student. Please explain the need for a leave of absence from study.

(**attach additional sheets as necessary)**

_____ _____
Student Signature Date

For Office Use

Reviewed by:

_____ _____ _____
Financial Aid Office (Print) Signature Date

_____ _____ _____
Business Office (Print) Signature Date

Approved by:

[ ] Request Approved [ ] Request not Approved

_____ _____ _____
Registrar (Print) Signature Date

_____ _____ _____
Director (Print) Signature Date

Reason for support or denial of this request.

(attach additional sheets as necessary)