Leave of Absence Request Form

Student Name: _____ **Student ID:** _____

Last Day of Attendance (LDA):	**Expected Return Date:**	**Returning Cohort:**
LOA Start Date:	**LOA End Date:**	
Reasons for Leave Request: ❑ Academic ❑ Administrative ❑ Pregnancy or Pregnancy-Related Condition		

***Please provide detailed information for LOA reason (required)*:**

_____

_____

_____

I am taking a leave of absence from Gurnick Academy of Medical Arts for the reasons stated above. I have read, understood, and agree to the Leave of Absence policy of Gurnick Academy. I understand that my leave of absence may cause a delay and/or affect my externship placement. If I fail to attend my classes by the return date printed above or fail to request an extension LOA, I will be expelled from the program with the effective date the same as my Last Day of Attendance (LDA). I understand my grace period for loans received from financial aid may be shortened by the amount of time I was on LOA. My signature below signifies that I have read and agree with the policies outlined on this form.

Student Signature: Date:

FOR OFFICIAL USE ONLY

Program Coordinator Signature:

❑ Approved ❑ Denied

*If denied, please state the **Reason**:* _____

_____

Registrar:

❑ Approved ❑ Denied

*If denied, please state the **Reason**:* _____

_____

Financial Aid Signature:

FA Confirmation of ERD: _____

Campus Director or Designee Signature:

❑ Approved ❑ Denied

*If denied, please state the **Reason**:* _____

_____