

LEAVE OF ABSENCE REQUEST FORM

| Date: | | |
|--|----------------------------------|-----------------------------------|
| Name: | Student ID# | |
| Address: | _City: | State: |
| Email Address:Phone: | | |
| Students planning any leave should consult with their Acad Director of Student Services. For full tuition refund, a leave the semester prior to the leave or by the Drop/Add deadlin schedule and additional dates, visit the MLTS Academic Cal | of absence mu e of the reques | ist be arranged either at the end |
| A leave of absence will usually fall into one of the below car | tegories: | |
| a leave of absence while in good standing; a leave of absence while on warning or probation; a leave of absence for medical reasons; and an involuntary leave of absence. | | |
| I request a leave of absence for the following period of tim Fall Semester Spring Semester Summe Reason for Leave: | | it apply: |
| Academic YearLast Date of Attendance: | | |
| Advisor Signature: | | |
| Registrar Signature: | | |
| Business Office Signature: | | |
| V.P. of Academic and Student Affairs Signature: | | |

Instructions:

- Student should first meet with Academic Advisor to complete top section of the form and send to Registrar for signature. Registrar will discuss LOA with the student.
- Registrar will send form to Business Office and VP of Academic and Student Affairs for approval.
- If fully approved, the Registrar will provide the final version to the student and advisor and add the form to the student's record.