



**Leave of Absence
REQUEST FORM**

Student Full Name: _____

Date: _____

Please print your Last Name, First Name including Middle Initial

IMPORTANT:

Please make sure to read the Leave of Absence Policy available on the website and School Catalog prior to completing and submitting the Leave of Absence Request Form.

Last Day of Attendance: _____ **Expected Return Date:** _____

Will you remain in the U.S. during this period? Yes No If no, I will depart the U.S. on _____ and return on _____

Contact Information during the leave of absence:

Address:

Phone Number:

Email Address:

Reasons for Leave *(State your reason for requesting this leave; attach additional word-processed statement if necessary):*

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 Leave of Absence policy of Gurnick Academy. I understand that the leave of absence I am taking may cause a delay and/or affect my internship placement. If I fail to attend my classes by the return date printed above, or fail to request an extension LOA, appropriate actions will be taken. My signature below signifies I have read and agree with the policies as outlined on this form.

Student Signature: _____

Date: _____