



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:** _____

LOA Start Date: _____ **Last Day of LOA:** _____

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 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 as outlined on this form.

Student Signature: _____

Date: _____

For Official Use Only:

Program Coordinator Signature:

Date: _____

☐ Approved ☐ Denied

Compliance Director:

Date: _____

☐ Approved ☐ Denied

Financial Aid Signature:

Date: _____

Campus Director or Designee Signature:

Date: _____

☐ Approved ☐ Denied

If approved, please input the **Expected Return Date**
(if different from the above):

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