

**LEAVE OF ABSENCE FORM**

Student Name: \_\_\_\_\_

Date of Filing: \_\_\_\_\_

Course Start Date: \_\_\_\_\_

Course Location: \_\_\_\_\_

Full or Modular: \_\_\_\_\_

Purpose for Leave: \_\_\_\_\_

Dates of Leave: From: \_\_\_\_\_ To: \_\_\_\_\_

Number of Days: \_\_\_\_\_

Additional Remarks: \_\_\_\_\_

I understand if approved for leave of absence I am entitled to return to the next scheduled course at the same location for missed material only. If not approved, no refund of tuition or missed material will be provided.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**To Be Filled Out by Master Teacher Trainer**

Approved

Disapproved

Return approved for next  
course date: \_\_\_\_\_

Reason for disapproval: \_\_\_\_\_

\_\_\_\_\_  
Master Teacher Trainer Signature

\_\_\_\_\_  
Date