



LEAVE OF ABSENCE FORM

Student Name:
Date of Filing:
Course Start Date:
Course Location:
Full or Modular:
Purpose for Leave:
Dates of Leave (to - from):
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	
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To Be Filled Out by Master Teacher			
	Approved		Disapproved
Return approved for next course date: _____			
Reason for disapproval:			
Master Teacher Trainer Signature		Date	