

LEAVE OF ABSENCE (LOA) REQUEST

Occasionally, students may experience extended personal, medical or other problems, which make it difficult to attend classes. The institution may allow a student under such circumstances to take a Leave of Absence (LOA) from the program. LOA must be requested in writing by the student and must be approved by the student service personnel. Written request must include the start and end date of the leave of absence. Leaves of Absence may be granted for up to 180 days. Do not request a Leave of Absence unless you absolutely need to be off school for a period of more than 14 days but less than 180 days. Students will not be assessed additional tuition charges while on Leave of Absence. Students returning from LOA will not retain credit for clock hours and work projects finished in that specific module/course within the LOA duration. Students who fail to return from a LOA will be considered dismissed as of the last day of attendance.

Date this form is prepared & submitted

Student (first & last name)

Home Address

City

Zip

Home Phone

Work Phone and/or Email

For all students including Financial Aid recipients, LOA are limited to 180 days within a 12-month period. If a LOA is needed for longer than 180 days, students will be terminated from financial aid. The six-month grace period for direct loans will commence upon termination from aid. Time for approved leave of absence may be included in the calculation of a student's maximum program length. If a leave of absence commences before student completes the program of study, grade of "I" is recorded in student record.

Beginning Date of LOA (mm/dd/yyyy):

Returning Date from LOA (mm/dd/yyyy):

0 = none given 1 = medical 2 = need time for job 3 = personal (be specific)

Select appropriate reason(s) for the LOA request. Attach to this form any supportive documents.

Current Course

Current SAP Status

Number of credit hrs completed at the time student took LOA

Number of clock hrs completed at the time student took LOA

Based on the above circumstances, I request this leave of absence.

Student Signature

Date

NOTE: school will contact you if we are unable to process your request due to your failure to comply with one or more of the school policies & or procedures as listed in the school catalog. Decision will be sent to your address listed above within 10 business days. You may contact the Student Services at (562) 864-0506 with any questions.

Determination of Withdrawal from School: The date the student failed to return as scheduled from an approved leave of absence. If you do not return on a specified return date written on this Leave of Absence form, you will be dropped from the program.

At an institution required to take attendance, the withdrawal date for a student who does not return from a leave of absence is the student's last day of attendance. ATI College will determine that a student withdrew no later than 14 days from when the student was supposed to return from a leave of absence but did not. For example, if a student's last date of attendance is Jan. 30th but then takes a leave of absence until March 30th but then does not return from the leave of absence, ATI College would determine that the student withdrew no later than April 14th and the withdrawal date would be January 30.

FOR OFFICE USE ONLY

Circle as needed: family care required; financial issues; health issues; legal issues; pregnancy; other (personal issues)

Funding Source:

Request APPROVED, Date correction posted in RW/RGM:

Director of Student Services Signature of Approval:

Request DENIED, state reasons for this decision:

Director of Student Services Signature of Denial:

Date Student Returned:

Director of Student Services Signature upon Student Return:

Director of Student Services Signature – student failed to return on scheduled date:

Student Dropped Date (mm/dd/yyyy):