

Leave of Absence Form

Please submit form and documentation directly to the Dean of Academic Affairs by mailing the form to the attention of the Dean of Academic Affairs, dropping the form off at the reception desk, or emailing a scanned copy to academic.affairs@kpsahs.edu. All forms received via email must be sent from an email address on file with KPSAHS.

Student Name: _____

Student ID Number: _____

KPSAHS Program: _____

Expected Date of Graduation: _____

Current Street Address: _____

Current City, State, Zip: _____

Preferred Phone: _____

Preferred Email (do not use your school email) _____

I am applying for a leave of absence for the following reason (documentation to be submitted with form):

- ☐ Personal medical issue
- ☐ Active military duty
- ☐ Family Medical Leave (as defined by the Family Medical Leave Act)
- ☐ Other (Dean of Academic affairs will determine if circumstances justify exception to LOA policy.)

Additional Comments: _____

By signing below, I acknowledge I have read the leave of absence policy published in the KPSAHS catalog and understand the consequences of this withdrawal on my grades, eligibility to re-enroll, my date of graduation, and my eligibility for a tuition refund (if any).

Student Signature: _____ Date: _____

For internal use only:

- ☐ Approved. Planned return date: _____ ☐ Denied (document rationale in attachment)
- ☐ Grading policy exception approved; student to be assigned W grades. *Use an incomplete grade form for any INC grades.*

Dean of Academic Affairs Signature: _____ Date: _____

Reviewed by Program Director (Signature): _____ Date: _____

Office Use Only

Date Received: _____ Received By: _____ Completed By: _____