

## Leave of Absence Form

Please submit form and documentation directly to the Student Records department by mailing the form to KPSAHS, Attn: Student Records, 938 Marina Way South, Richmond, CA 94804, dropping the form off at the reception desk, or emailing a scanned copy to [KPSAHS-Student-Records@kp.org](mailto:KPSAHS-Student-Records@kp.org). 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: _____