**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 to William.v.muse-jr@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)

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved. Planned return date: \_\_\_\_\_\_­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_  Denied (document rationale in attachment)

Dean of Academic Affairs Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by Program Director (Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Use Only

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_