



BURNETT INTERNATIONAL COLEGE

LEAVE OF ABSENCE REQUEST

This form is used to obtain approval for a Leave of Absence from the College and applies when the student is:

- currently registered and dropping all courses prior to completion of the present semester.
- currently registered and completing the semester, but will not return next semester.
- not currently registered, but was enrolled in the program last semester.

This form does not apply to persons offered a seat in a program, but who do not start program courses on the effective matriculation date. These individuals must reapply and meet standards in place at the time of reapplication, acceptance and matriculation.

Name:	Student ID
Forwarding Address:	Phone Cell: Phone Home
Email Address:	Last Day attended Class:

Reason: <input type="checkbox"/> Illness <input type="checkbox"/> Hospitalization <input type="checkbox"/> Maternity <input type="checkbox"/> Family Obligations <input type="checkbox"/> Military <input type="checkbox"/> Personal <input type="checkbox"/> Financial <input type="checkbox"/> Other: _____
When will you return to program? _____
If currently enrolled, are you completing the semester? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you will be attending another school, which one? _____ #credits _____

- I understand this form is used by the College to retain my seat in the _____ program.
- I understand this form does not guarantee registration in any theory or clinical course.
- I understand that a leave of absence cannot extend more than twelve calendar months.
- I understand a Plan of Study must be submitted to the College at least eight weeks before the official start date of the semester in which return to class and/or clinical is planned.
- I understand the program advisor is consulted to develop an official Plan of Study.
- I understand it is my responsibility to work with the Registrar's Office to withdraw from courses.
- I understand it is my responsibility to work with the Bursars Office to settle outstanding accounts.
- I understand it is my responsibility to know college and federal guidelines/deadlines apply and to take action accordingly.

Student signature: _____ Date: _____

Advisor signature: _____ Date: _____

Received in appropriate _____ program office. Date: _____

_____ Program Director signature: _____ Date: _____

NOTE: Original signed form must be provided; fax or electronic submittal is not acceptable.