



Student's Name: _____

Address: _____

Program: _____

Last Date of Attendance: _____ Effective Date: _____

LOA From Date: _____ LOA To Date: _____ Return Date: _____

I would like to request a leave of absence (LOA) because:

I understand that taking a leave of absence will affect my graduation date and cohort number. I also understand that I must participate in both clinical and course registration for the quarter in which I plan on returning to Platt College.

Student Signature: _____

Date: _____

Further Comments:

Registrar Signature: _____

Date: _____

Financial Aid Signature: _____

Date: _____

Finance Services Signature: _____

Date: _____

Associate Dean Signature: _____

Date: _____

Clinical Placement Coordinator Signature: _____

Date: _____

Administrative Assistant Signature: _____

Date: _____