

To Be Completed by Health and Rehabilitative Science Students

Student Name: _____ **CCRI ID #:** _____

Program of Study/Campus: _____ **CCRI Email:** _____

Home Address: _____ **Telephone #:** _____

A student in the Health and Rehabilitative Sciences, such as Nursing, Allied Health, Dental, Rehabilitative Health, Fire Science, Emergency Management, or Health Care (Medical) Interpreter, may be granted a leave of up to two (2) semesters at the direction of the individual department.

PLEASE NOTE: Students who wish to officially withdraw from ALL registered courses for the current term must submit a Withdrawal Form to the Office of Student Services.

Students who are granted a Leave of Absence (LOA) may be eligible for a Tuition Appeal and should inquire at the Office of Student Services.

Student Signature:

_____	_____
Student	Date

Do NOT write below this line – For office use ONLY

BEGINNING DATE OF LEAVE: _____

RETURN DATE OF LEAVE: _____

Signature Approval:

_____	_____
Department Chair	Date
_____	_____
OES Program Contact	Date

CC: Department Chair
Dean, Health and Rehabilitative Sciences
OES Program Contact
Student