Leave of Absence Form
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

8/11/2016