



Leave of Absence Application Request

Student Name: _____ Student ID #: _____

ARE YOU RECEIVING VA or ACCES BENEFITS? Yes _____ No _____

TEL#: _____ CELL#: _____

Program: _____

I'm requesting a leave of absence from _____ to _____ for the following reason:

I _____ fully intend to come back from my LOA and complete the program, I understand that I will be put on academic probation for two sessions after I come back:

Initials: _____

Date of Request: _____

I understand that I will be evaluated by the Student Services Dept. upon my return to school and placed in class according to the result of my evaluation. I further understand that my failure to return to school on the above indicated date will result in my official withdrawal from NYADI.

Initials: _____

Additionally, I understand that it will affect my loan repayment terms including the expiration of my six month grace period. If I wish to apply for re-enrollment I must pay a \$50 Registration fee.

Leave Approved: _____ Leave Disapproved: _____

Student Signature: _____ Date: _____

Director's Signature: _____ Date: _____

Comments: _____
