

# Request for Leave of Absence

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Cohort

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Email address (this is how we will notify you of approval)

\_\_\_\_\_  
Class requesting Leave of Absence for

\_\_\_\_\_  
Class you will be returning with

\_\_\_\_\_  
Cohort if different

Reason for requesting Leave:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You may fax this completed form to 828-669-0120, Attention Glenda Morrow