American
College of Nursing
2600 Stanwell Dr., Suite 103
Concord, CA 94520

Official Leave of Absence Form

A student in good academic and financial standing may request a Leave of Absence (LOA). The length of the LOA is case specific and will be approved by the Program Director. The student is expected to return at the conclusion of the leave or to request an extension of the leave.

To be granted a leave of absence a student must:
- Complete this LOA form
- Return the completed form to the College Director
- Obtain a signature from the College Director and/or Dean of Academic and Student Affairs

_____

Last name (please print) First Name Middle Initial

Address during Leave of Absence: _____

_____

_____

Phone Number: _____

Last Day of Class Attendance: _____

Expected Return Date: _____

Reasons for Leave:

_____

_____

_____

_____

I am taking a leave of absence from American College of Nursing for the reasons stated above. If I fail to attend my classes by the return date printed above, or fail to request an extension of LOA, I may be suspended from the program. My signature below signifies I have read and agree with the policies as outlined on this form.

_____

Signature Date

Official Signatures

Please circle one: **Leave of Absence is** **APPROVED** **DENIED**

_____ _____

College Director Date

_____ _____

Dead of Academics and Student Affairs Date