



TRI COMMUNITY ADULT EDUCATION

Quality Adult Education For Over 80 Years!

Student Leave of Absence Request

Student: _____

Date: _____

I request to be placed on Leave of Absence from ___/___/___ to ___/___/___.

I am aware that I can only take 180 days of leave in a 12 month period. The reason I am requesting to leave is (Please be as detailed as possible):

I may return at an earlier date, provided that I get permission from the school principal. I am aware that if I fail to return to school my eligibility for the Pell grant may be in jeopardy.

Student Signature: _____

SCHOOL USE ONLY

This request for a Leave of Absence is: (Circle One) **Approved** **Denied**

If this request is approved than I have determined that the likelihood of the student returning is good.

Authorizing Official: _____ Date: _____