REQUEST FOR LEAVE OF ABSENCE

To facilitate your return to Technical College of the Rockies, meet with your program coordinator and financial aid officer (if applicable) to develop a plan for your return.

Student Information Print Clearly

Student Name: _____ Email: _____

Address _____

Home Phone _____ Cell Phone _____

Part I – To be completed by student

Date of Request: _____ Program: _____

Instructor: _____

Dates of leave: from _____ To _____

Reason for request (if medical, a doctor's note must accompany this request)

_____

_____

_____

_____

I understand TCR's policy regarding a leave of absence and I am willing to meet all requirements for return to the program.

_____ _____

Student Signature Date

Part II – To be completed by instructor

The following conditions must be met for return to the program.

_____

_____

_____

_____

_____ _____

Instructor Signature Date

Part III – To be completed by Financial Aid Officer

This student ❑ has ❑ does not have financial aid.
The following conditions regarding financial aid apply.

_____ _____

Financial Aid Officer Signature Date

Leave of Absence ❑ has ❑ has not been approved.

_____ _____

Director or Assistant Director Signature Date