



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