

DAWN CAREER INSTITUTE

Request for Leave of Absence

PERSONAL INFORMATION:

Last Name: _____

First Name: _____

Program: _____ Day/Evening: _____

Address: _____

Telephone: _____

E-mail: _____

Reason for Leave of Absence:

(Circle one of the following or write the reason on the line next to "Other")

Medical

Family

Child Care

Personal

Other: _____

Beginning Date: _____

Expected End Date: _____

Description:

(Please describe in depth why you are requesting to withdraw from Dawn Training Centre)

By signing below, I understand that this is not an official leave of absence from Dawn Career

Institute, and my leave will not be official until approved by the school's administration.

Student Signature: _____

Date: _____

For school office use only:

Received by / Date: _____

Approved by / Date: _____

Entered into COSDB by / Date: _____