



CAMELOT
COLLEGE

LEAVE OF ABSENCE REQUEST

I am requesting a leave of absence from Camelot College beginning _____ . I will return to school on _____ . I understand that this leave of absence may not exceed 180 days and that I will not incur any additional tuition charges during the leave of absence. I also understand that in the event I do not return from the leave of absence, any refunds due will be made to the appropriate financial aid programs within in 30 days, in addition the repayment on my student loans will begin immediately.

Reason for this request: _____

Student's Name (Print last name and first)

Date

Student's Signature

Student's Social Security Number

INSTITUTIONAL USE ONLY

This leave of absence is approved.

Signature of Institutional Official

Date