

Leave of Absence Request

Please refer to the student handbook for eligibility requirements. Name: ______ Student ID#: _____ Today's Date: _____ Phone Number: _____ EMAIL: _____ Leave Requested (select one): Reason (select one): ☐ Professional engagement ☐ Limited Leave of Absence ☐ Short-term Professional Leave (PPC only) ☐ Medical Issue ☐ Injury (must be submitted weekly) ☐ Personal Issue ☐ Audition Requested dates of leave: _____ Please provide a detailed account of engagement(s), injury, illness or personal issue below (attach additional sheets if needed). PPC students applying for the short term leave must include a statement of the events professional significance and documentation from the presenting organization. Please attach all appropriate documentation (injury and illness require medical documentation). Advisor's Signature: _____ _____ Date: _____ Course Number Dates of classes to be missed **Instructor Signature** Instructor **Approval** □YES □ NO ____ □YES □ NO □YES □ NO □YES □ NO ____ □YES □ NO Date:

A copy of this of this form must be placed in all pertinent faculty and advisor mailboxes as well as placed in the student's official file by the Dean of the Conservatory.