

LEAVE OF ABSENCE

I _____ would like to officially request a Leave of
(First Name , Last Name)

Absence from the Esthetic Institute for the period:

FROM (Date) _____

TO (Date) _____

RETURN DATE: _____

The reason for the Leave of absence is :

All requests for leaves of absence must be submitted in advance to Student Services in writing and must include the reason for the request, start and end dates of absence, and the student's signature. At this time, there is no limit to the number of Leaves of Absence a student may take, so long as it does not exceed a total of 180 days in any 12 month period. The Esthetic Institute may grant a leave of absence to a student who did not provide the request prior to the leave of absence due to unforeseen circumstances. (Ex. Car accident, in- juries, death in the family, etc.) The Esthetic Institute will grant an extension in the contract end date and maximum time frame based upon the length of the leave of absence, with no additional charges incurred to the student. This extension must be agreed upon by all parties and signed and dated in an Enrollment Contract Addendum which will be maintained in the student's file. If a student does not return from the leave of absence, does not notify the Institute and is unreachable before the agreed upon return date, he/she will be considered withdrawn. Students with a Payment Plan Contract will still be liable for all payments due during the leave of absence and will be charged late fees or considered in default if payments are not made.

I have been made aware of the School Leave of absence policy above and acknowledge understanding and agreeing to said policy.

STUDENT SIGNATURE

DATE

PARENT/GUARDIAN (If applicable) DATE

OFFICE USE:

Approved ____ Rejected ____ Reason: _____

SCHOOL OFFICIAL SIGNATURE

DATE