

# CAPRI Beauty College

## Leave of Absence

A leave of absence (LOA) is a temporary interruption in a student's program of study. LOA refers to the specific time period during a program when a student is not in attendance. An LOA must meet certain conditions deemed appropriate by the school to be counted as a temporary interruption in a student's education. Appropriate conditions may include: illnesses of the student; illness, birth or death in the student's family, or other reasons deemed legitimate by the school and which can be substantiated in writing. The period of time for which a student has been approved shall be excluded from the maximum time frame in which an individual student will be expected to complete the program. The student shall return with the same progress status with which he/she left.

### Policy:

1. LOA may not be granted for no less than the minimum time frame outlined in the School's Official Catalog and for no more than sixty (60) days.
2. A student may be granted a medical leave (180) days due to extenuating circumstances.
3. The LOA together with any additional leaves of absence must not exceed a total of 180 days in any 12-month period.
4. Granted only with reasonable expectation for return.
5. If the student is a Title IV loan recipient, failure to return from an LOA may have an effect on the student's loan repayment terms, including the expiration of the student's grace period.

### Procedure:

1. **PRINT THIS FORM:** Written, formal approval required. All requests for an LOA must be submitted in writing, to the Campus or Admission Director. Must include the reason for leave, must be signed and must be dated.
2. **COMPLETE AND BRING THIS FORM TO CAPRI:** A student must apply in advance for an LOA unless unforeseen circumstances prevent the student from presenting the application.

Name \_\_\_\_\_ ID \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Cell ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Date LOA to Begin \_\_\_\_\_ Date LOA to End \_\_\_\_\_

Reason: \_\_\_\_\_

Sign your name here: \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\* OFFICE APPROVAL \*\*\*\*\*

School Official \_\_\_\_\_ Date \_\_\_\_\_

Revised Graduation Date \_\_\_\_\_