

# THE SOMA INSTITUTE

THE NATIONAL SCHOOL OF CLINICAL MASSAGE THERAPY

## Request for Leave of Absence

*Note: A student on an approved leave of absence must contact Student Services to advise of their return to class and to set an appointment to determine what, if any, coursework needs to be made up and to complete a make-up schedule. A student who is not in class on their scheduled return date will be withdrawn from the school.*

Name: \_\_\_\_\_ Program: \_\_\_\_\_

I request a Leave of Absence from \_\_\_\_\_ to \_\_\_\_\_

Return Date: \_\_\_\_\_

Reason for Request: (Check one only and provide supporting documentation)

- Jury Duty (Copy of Jury Notice Required)
- Military Reasons (Copy of Orders Required)
- Health problems (Medical Certificate Required)
- Care of an immediate family member with a serious health condition (Medical Certificate Required)
- Birth/adoption of a child and care for that child (Copy of birth/adoption papers required)
- Financial Problems
- Other (Please Describe)

*I have read the policies pertaining to the Leave of Absence and understand the provisions that pertain thereto. I further understand that if I fail to return to school on the return date listed above, the school will dismiss me.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved                       Denied                       Pending

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

(Signature of President) \_\_\_\_\_ (Date) \_\_\_\_\_

### For Office Use Only

Database noted                       Letter sent to applicant                       Student file