

**LEAVE OF ABSENCE REQUEST FORM**

**INFOSERVE TECHNOLOGIES INSTITUTE**  
**39-20 Main Street, Flushing, NY 11354**  
**Phone: (718) 888-9495 Fax: (718) 888-0127**

Student Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Program \_\_\_\_\_ Hours \_\_\_\_\_

I request a leave of absence from \_\_\_\_\_ to \_\_\_\_\_ for the following reason:  
I understand that if I fail to return to school on the return date listed above, the school will dismiss me. I further understand that I will be evaluated upon my return and placed at the appropriate part of the program based upon the amount of program content that I still remember.

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

\_\_\_\_\_ I approve the above leave of absence.

\_\_\_\_\_ I disapprove the above leave of absence.

Reason \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

\* The leave of absence form is a form used by students to formally request an extended absence from a program because extenuating circumstances.