



Med Academy

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Leave of Absence Request

I request a leave of absence from Med Academy

Beginning _____

I will return to school on _____

For the following reasons: _____

I understand the regulations require that:

- I am allowed to request a leave of absence for a period of one semester.
- The total of all my leave of absence may not exceed 180 days in a 12-month period.
- I will not incur any additional tuition charges during any leave of absence.
- When the period for leave of absence ends, I must go to Registrar's Office to either receive my schedule to continue classes or withdraw from school.
- In event I do not return from a leave of absence, I will be dropped from the school and any refunds due will be made to the appropriate financial aid programs within 30 days of the date I was scheduled to return.
- If a credit balance occurs in the event, I do not return from a leave of absence I am requesting that any excess funds are ____ returned to me, or ____ to the appropriate source.

Student Name (print full name)

Student Signature

Date

INSTITUTIONAL USE ONLY

This leave of absence is approved

Notes:

Registrar

____/____/____
Date

Financial Aid Coordinator

____/____/____
Date

Program Director

____/____/____
Date