



Leave of Absence Request

Student Name _____

Student ID _____

Phone Number _____

Email _____

Program _____

Begin Date of Leave: _____

End Date of Leave: _____

Reason for Leave:

A leave of absence is intended for conditions such as a medical condition for a Family Medical Leave Act (FMLA) circumstance, active military service, or other severe and unanticipated personal circumstance that will prevent you from successfully maintaining Continuous Enrollment in the program and will endure for more than 16 consecutive weeks but no longer than one year. You must submit your supporting documents via fax to 602-824-6841 or email to CFFP_Registrar@cffp.edu.

- Medical
- Military Service
- Other Personal Circumstance

Comments

Agreement & Signature

I attest that I have read, understand, and agree to all the Policies & Procedures, including but not limited to those relating to Leave of Absence and Continuous Enrollment. I certify that all the information in this form are complete and true and that I am the student named in this request.

Student Signature _____

Date _____

**Submit the completed form and supporting documentation
by email (CFFP_Registrar@cffp.edu) or fax (602-824-6841).**

OFFICE USE ONLY

Decision

Approved

Denied

Student Record Updated

Date _____

By _____

Student Notified

Date _____

By _____