



ZORGANICS INSTITUTE BEAUTY AND WELLNESS

LEAVE OF ABSENCE REQUEST FORM

Student Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Program _____ Advisor _____

Begin Leave Date _____ Year _____ Return Date _____ Year _____

Reason for Leave of Absence Personal Illness Financial Family Emergency Other _____

Explanation _____

Program Instructor

The above named student is

In good academic and eligible for a leave of absence

Not in good academic standing and not eligible for a leave of absence

Signature _____ Date _____

Financial Office - An exit interview is required

Business Office

Student is financially clear

Student has financial liability

Signature _____ Date _____

Institute Director

Leave of absence APPROVED

Leave of absence DENIED

Institute Director Signature _____ Date _____

Student Signature _____ Date _____

I UNDERSTAND THAT IF I FAIL TO RETURN FROM THE LEAVE OF ABSENCE, THE GRACE PERIOD FOR MY LOAN REPAYMENT WILL EXPIRE AND I WILL NEED TO BEGIN MAKING THE LOAN PAYMENT. I FURTHER UNDERSTAND THAT IF I DO NOT RETURN FROM MY LEAVE OF ABSENCE, I MAY NOT BE IN "PURSUIT OF PROGRAM" AS DEFINED BY STATE GUIDELINES, IF I DO NOT RETURN ON THE RETURN DATE I WILL BE AUTOMATICALLY WITHDRAWN.