

Leave of Absence Request Form

For Domestic and International Students

Section A: Student Information

Full Name: _____ Student ID: _____

Program Name: _____

Campus Location: _____ Email Address: _____

Phone Number: _____

Section B: Leave Request Details

Start Date of Leave: ___/___/___

Expected Date of Return: ___/___/___

Total Number of Days Requested: _____

Type of Leave (Check One):

- Medical (attach doctor's note)
- Family Emergency or Bereavement (attach supporting documents)
- Pregnancy or Parental Leave (attach supporting documents)
- Mental Health or Personal Hardship (attach supporting documents)
- Academic or Administrative Deferral (attach supporting documents)
- Other:



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Section C: Reason for Leave

Provide a brief explanation. Attach supporting documents.

Section D: Acknowledgment and Student Declaration

- A leave of absence exceeding 150 days may affect my study permit status.
- I am responsible for maintaining communication with Focus College.
- I will notify the college at least two weeks before returning.
- I may need to meet re-entry requirements before resuming my studies.

Student Signature: _____

Date: ___ / ___ / ____

Section E: Appeal (If Applicable)

Appeals must be submitted in writing to Vice President, Academic & Provost within 5 business days of the decision.

Section F: Administrative Use Only

Decision: Approved Denied

Leave Period Approved: From ___ / ___ / ____ To ___ / ___ / ____

Conditions for Return: _____

Impact on Visa (if applicable): _____

Reviewed By (Name/Position): _____

Signature: _____

Date: ___ / ___ / ____



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