

PACIFIC TECH

PACIFIC COLLEGE OF TECHNOLOGY

LEAVE OF ABSENCE REQUEST FORM

Student Information:

First Name: _____ Last Name: _____

Student ID: _____ Phone Number: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Leave Details

Vacation Term: _____ Start Date: _____ End Date: _____

Are you going to travel outside of the U.S.?

Yes No *If yes, please contact the Registrar to request a travel authorization.*

Reason for Requesting Leave:

I understand that I must complete at least **one full academic term** after returning from vacation before becoming eligible to transfer out.

I confirm that the above information is accurate and complete.

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY

Approved Denied Reason request was denied: _____

Chief Academic Officer Name: _____

Chief Academic Officer Signature: _____ Date: _____

Tuition Paid for Next term on: _____