

LEAVE OF ABSENCE FORM

Massage Life Academy
1706 N Heritage Park Blvd #5, Layton UT 84041

A leave of absence is to be granted only in extenuating circumstances, such as an accident, prolonged illness, maternity leave, or the death of a relative. Massage Life Academy, hereafter referred to as MLA, is expected to explain the implications of a leave to the student. If the student fails to return on the agreed upon date, the student will be dismissed and a refund calculation performed. A student must complete the program within the maximum timeframe of completion. The school director is expected to review the student's request, preferably in person with the student requesting the leave. Not all leave requests are guaranteed to be granted. All leaves of absence must be requested in writing and approved in writing.

Student Name _____

Social Security #: (last four digits only): XXX-XX-_____

Program Name: _____

Hours Completed: _____

I request a leave of absence from (date) _____ to (date) _____ for the following reason: _____

I understand that if I fail to return to school on the return date listed above, the school will dismiss me. I further understand that I will be evaluated upon my return and placed at the appropriate part of the program based upon the amount of program content that I still remember.

Student Signature: _____ Date Signed: _____

I approve the above leave of absence. _____

I disapprove the above leave of absence. _____

Reason: _____

Director's Signature _____ Date Signed: _____