



## LEAVE OF ABSENCE REQUEST FORM

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**This request will not be considered without attached documentation and all necessary signatures.**

Students are expected to attend all class meetings, regardless of whether the instructor takes attendance.

Faculty may drop students who are no longer participating in the course, including, but not limited to, the accumulation of excessive absences as defined as more than two full weeks (10 days) of class meetings except if there are extenuating circumstances defined as **verified** cases of accident, illness, or other circumstances beyond the control of the student. Instructors are **authorized to require verification** by a disinterested third party (Student Services Procedure 3015).

Students who need to take a leave of absence during the term may complete this Leave of Absence Request Form and obtain written approval and signatures from each of their instructors.

Students must then schedule an appointment with a counselor to discuss the request and obtain their signature.

The request is then forwarded to the Dean of Counseling for signature.

Approval or denial of the request along with comments and signature will then be provided by the Vice President of Equity and Student Services.

The Vice President's Office will forward the completed form to the student and all instructors listed.

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**Please complete the following request form in its entirety. Incomplete forms/requests will be denied.**



## LEAVE OF ABSENCE REQUEST FORM

Date: \_\_\_\_\_

### Student Information & Signature

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

I hereby request/petition to be granted a Leave of Absence from Diablo Valley College for the following period of time and for the following reason(s):

From Date: \_\_\_\_\_ To Date: \_\_\_\_\_

Explanation: (provide/attach supporting documentation)

Student Signature: \_\_\_\_\_

### Student Enrolled Courses/Instructor Information

Course Name	Course Number	Grade (at time of Leave)	Instructor Name (print)	Instructor Signature

### Required Signatures

I have discussed this request/petition with the student.

Counselor Name: \_\_\_\_\_ Signature: \_\_\_\_\_

VP Comments:

Dean Signature: \_\_\_\_\_

Vice President  
Signature: \_\_\_\_\_

Approved:   
Denied:

Notice sent electronically to instructors/student: \_\_\_\_\_ Date: \_\_\_\_\_