



# Eastern Idaho Technical College

## Petition for Approved Leave

Petition must be approved PRIOR to student's extended absence.

Exceptions may be made for emergency situations.

Date \_\_\_\_\_ Program \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Student ID# \_\_\_\_\_

Purpose of Absence: \_\_\_\_\_

Dates for requested absence: \_\_\_\_\_ to \_\_\_\_\_  
Begin Date End Date

*Please provide copies of documentation:*

i.e. doctor, hospital, other medical, court, funeral, etc. which includes the dates of the absence.

Are you receiving funding: Yes  If, yes what source? \_\_\_\_\_  
No

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

*Student: Check with your instructors to see if a Notification of Withdrawal is required*

Leave is: Approved  Denied

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Leave is: Approved  Denied

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Leave is: Approved  Denied

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Leave is: Approved  Denied

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please forward to Division Manager*

Leave is: Approved  Denied

Division Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please forward to Financial Aid*

Financial Aid: Will this affect the student's funding? Yes  No

Remarks: \_\_\_\_\_

Financial Aid Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please forward to Registrar*

Leave is: Approved  Denied

Registrar's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Original in student file*

Date Emailed to student: \_\_\_\_\_