



Petition for Approved Leave

Return to: Registrar's Office
 Bldg. 3 Rm. 353
 assistant.registrar@cei.edu
 208-535-5673

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. Notes from Medical professionals, court paperwork, funeral obituaries, etc. Which include the dates of the absence.

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

By checking this box & submitting this form, I consent to providing my typed electronic signature in place of a handwritten signature.

Student Signature _____ Date _____
Student: Check with your instructors to see if a Notification of Withdrawal is required

Leave is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Instructor's Signature: _____ Date: _____
Leave is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Instructor's Signature: _____ Date: _____
Leave is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Instructor's Signature: _____ Date: _____
Leave is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Instructor's Signature: _____ Date: _____ <i>Please forward to Division Manager</i>
Leave is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Division Manager Signature: _____ Date: _____ <i>Please forward to Financial Aid</i>
Financial Aid: Will this affect the student's funding? <input type="checkbox"/> Yes <input type="checkbox"/> No Remarks: _____ Financial Aid Signature: _____ Date: _____ <i>Please forward to Registrar</i>
Leave is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Registrar's Signature: _____ Date: _____ <i>Scan to student file</i> Date Emailed to student: _____