



Petition for Approved Leave

Return to: Registrar's Office
Bldg. 3 Rm. 309
assistant.registrar@cei.edu

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 If yes, what source? _____
No

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: 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: _____
Scan to student file
Date Emailed to student: _____