MAHANAIM APPLICATION FOR LEAVE OF ABSENCE

I. STUDENT INFORMATION

_____ _____ _____

FIRST NAME   **MIDDLE**   **LAST**

_____   _____

STUDENT ID #   **DATE OF BIRTH (MM/DD/YYYY)**

_____ _____ _____ _____

ADDRESS   **CITY**   **STATE**   **ZIP**

_____@MAHANAIM.COM   _____

EMAIL (MAHANAIM)   **PHONE**

PROGRAM:_____

II. LEAVE OF ABSENCE INFORMATION

THIS APPLICATION IS YOUR? ☐ **FIRST SUBMISSION**   ☐ **REVISED FORM**

LAST TERM ATTENDED: ☐ **JUNE 20_____**   ☐ **NOVEMBER 20_____**

I am requesting a leave of absence for the following academic term(s):

☐ **FALL 20 _____**   ☐ **SPRING 20_____**

My Leave of Absence Begins _____ (MM / DD / YYYY)

Expected Date of Return _____ (MM / DD / YYYY)

Reason for Leave of Absence: _____

_____

_____

I, _____ (student's full name) understand that my failure to return to Mahanaim on the date indicated above will result in possible withdrawal from school unless I request an extension of my Leave of Absence in advance. I further understand that I will be evaluated upon my return and placed in the appropriate part of the program based on my ability to continue with the course of study from that point on.

_____   _____

STUDENT SIGNATURE   **DATE**

_____   _____

REGISTRAR   **DATE**

Submit completed form to the Office of the Registrar via Email: registrar@mahanaim.com or Office 114A.