LEAVE OF ABSENCE PETITION
Admissions Center ~ 900 Otay Lakes Road ~ Chula Vista, CA 91910 ~ (619) 482-6550

Name: _______________________________ Semester/Session & Year: _______________________________
Email Address: _______________________________ SWC ID#: _______________________________
Phone number: _______________________________

I requested that I be granted a Leave of Absence from (beginning date) ____________ to ____________ (ending date). I will be absent from class due to the following emergency:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

By signing below, I acknowledge that I have made all possible arrangements to avoid missing class, however due to the emergency I will make up work if required from the instructor.

Student Signature: _______________________________ Date: _______________________________

INSTRUCTIONS:
1. List the courses that you will be absent to
2. Make arrangements with each instructor and obtain each signature below
3. Retain a copy for your own records

<table>
<thead>
<tr>
<th>Course and Section #</th>
<th>Meeting Days</th>
<th>Scheduled Time</th>
<th>Instructor Name</th>
<th>Instructor Signature</th>
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NOTE TO INSTRUCTORS:
If you approve this leave of absence, please mark your records with the date (s) of approved absence. No further verification will be forwarded from the Admissions Center.