



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

Course and Section #	Meeting Days	Scheduled Time	Instructor Name	Instructor Signature	
				APPROVED	DENIED

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.