



Complete this form if you intend to take a leave of absence from Lingua Language Center at Broward College. Read the policy on the following pages prior to completing this form.

Leave of Absence

Student Information

Student Name: (last name) _____ (first name) _____

Student ID: _____ / Current Address: _____

Permanent Address _____

Telephone #: _____ Mobile #: _____

Email Address: _____

Have you consulted with Lingua regarding your return? Yes ___ No ___

Student's Signature: _____

Leave of Absence Information

Student's Reasons for Leave: _____

Expected duration of absence (circle one): 10 days 15days 30 days

Date Student Began Leave: _____ Student Level: _____

Do you plan to stay in the United States during your Leave of Absence? _____

INTERNATIONAL STUDENTS: read the document found within the link below before you submit your Leave of Absence form to the Director's Office: 1) Leave can be granted only to students who are in good academic standing. 2) Students cannot take more than 1 month of leave during the course. Please be sure to notify the School Director, in writing, of your intention to return to school, and the date of your return.

Signature of Student _____ Date: _____

School Director (Print Name) _____ Date _____

Signature _____