

NEW YORK FILM ACADEMY

COLLEGE OF VISUAL AND PERFORMING ARTS

LEAVE OF ABSENCE REQUEST FORM

Student Name: _____

Program Name _____

SS # and/or Passport: _____

I request a leave of absence from _____ to _____ for the following reason:

I understand that if I fail to return to school on the return date listed above, the school will withdraw me from the program. I understand that failure to restart on the date specified above could have implications in regard to my visa status, my access to veteran's benefits, and the terms of my loan repayment and financial aid. It is my responsibility to contact the necessary offices and potentially reapply for VA benefits, financial aid and an I-20 certificate and/or student visa prior to the program's start date and/or my date of program reentry.

I further understand that I will be evaluated upon my return and placed at the appropriate part of the program based upon the amount of program content that I still remember.

Student name: _____

Student signature: _____ Date: _____

_____ I approve the above leave of absence

_____ I disapprove the above leave of absence

Campus Dean Signature: _____ Date: _____

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