



CONEJO VALLEY ADULT EDUCATION
Career and Technical Education

info@conejoadulted.org | P 805.497.2761 | F 805.374.1167
www.conejoadultschool.org | 1025 Old Farm Rd., Thousand Oaks, CA 91360

Leave of Absence Request (LOA)

Return to: jennyc@conejoadulted.org

Name (Last, First)	
Phone Number	
Email	
Student ID #	

Course	
Program	
Last Date of Class Attendance	

I request a Leave of Absence for the following term:

Fall Winter Spring Summer Year: _____

Primary Reason for the Leave:

Medical* Military** Emergency Financial Hardship
 Parental Obligations *** Other Family Obligations Outside Employment Other _____

Is your Reason COVID-19 related? Yes No

* Please submit Physician's letter with the LOA request.

** Please submit copy of orders with the LOA request.

*** Parental obligations include childbirth, care of newborn or newly-adopted young child, the serious illness of a child, and other exceptional circumstances relating to a child. The child may be the student's child or that of a spouse or domestic partner.

Please explain reason for request (required):

I certify that the above information is true and correct. I agree to provide, if requested, any official documentation necessary to verify the information. I understand that a false statement or misrepresentation on this form may result in the rejection of my application. The grant of this request for a Leave of Absence (LOA) has no effect upon cases of alleged misconduct brought under the CVAE Student Conduct Code of Procedures (Code). It does not relieve me of my responsibilities to comply with all Code provisions, such as meeting with the CTE Coordinator or attending hearings. The terms of such grant may be superseded by sanctions imposed pursuant to the Code. I currently hold the required passing grade and attendance. I understand that I must not have any unpaid balances prior to submission of a LOA request and understand a fee will be due upon re-entry. I understand that I must re-enroll in the course/program no later than 6 months from the last day of attendance.

Student Signature: _____

Date: _____

For office use. Do not write below this line.

CTE Department Approved Denied **Approved Re-entry date:** _____ **Re-entry Fee:** \$75.00

Name: _____ **Signature:** _____

Title: _____ **Date:** _____