

American Institute of Alternative Medicine

REQUEST FOR LEAVE OF ABSENCE

STUDENT'S NAME _____

Address: _____

Phone: _____

I am submitting this request for a leave of absence for the following reason:

Medical _____ Personal _____ Pregnancy _____ Other _____

If other, please give reason: _____

Beginning Date (DO NOT PRE-DATE THIS FORM): _____

Scheduled return date: _____

I understand that I may have to provide a doctor's statement confirming my medically determinable condition or pregnancy, verifying the need for a leave of absence and indicating the length of time required.

I understand that since students are responsible for each semester's full tuition amount upon admission, based on the week in which a leave is approved, a student may need to pay the balance of their semester's tuition in order to be considered in good financial standing.

I understand that students must be in good financial standing and resume their studies at the point in the program where they ended.

I understand that the leave of absence period may not exceed 180 days within any 12-month period. More than one leave of absence may be granted in the event unforeseen circumstances arise provided that the combined leaves of absence do not exceed 180 days within the 12-month period.

I understand that failure to return at the time specified in the plan, failure to call to reschedule that date or exceeding the 180 calendar days allowable will result in the student being dismissed from the program effective the last date of attendance.

Please Note:

The AIAM LOA policy as stated in the 2005 Catalog is outlined on the reverse side of this request. Please review prior to submitting this request and consult with the Director of Administration prior to finalizing your LOA request.

Student Signature: _____ Date: _____

Class: _____

To be completed by school

Program of Study: _____LMT _____Tui Na _____Acupuncture

Last Date of Attendance: _____

Good financial standing: _____Yes _____No

Type of leave granted:

Medical _____ Pregnancy _____ Personal _____ Other _____

Approved _____ Director of Administration's Signature _____ Date _____

Denied _____ Reason _____

Comments/Action Plan:

POLICY FOR LEAVE OF ABSENCE (LOA)

Leave of Absence (LOA)

A leave of absence (LOA) may be applied for in the case of prolonged illness or accident, death in the family, or other circumstances that make it impractical to complete the course as scheduled. Leave of absences are granted at the discretion of the Director of Administration. The request should be made in writing to the Director of Administration and should be requested as soon as the student determines the need. Upon receipt of a written LOA request, a plan will be developed outlining leave length, effective date and course make up plans. Students who verbalize a need for a LOA yet fail to submit a written request within one week, and miss four consecutive weeks from all registered classes will be withdrawn from the program by the Director of Administration. Failure to return at the time specified in the plan, failure to call to reschedule that date or exceeding the 180 calendar days allowable will result in the student being dismissed from the program effective the last date of attendance.

Since students are responsible for each semester's full tuition amount upon admission, based on the week in which a leave is approved, a student may need to pay the balance of their semester's tuition in order to be considered in good financial standing.

The leave of absence period may not exceed 180 days within any 12-month period. More than one leave of absence may be granted in the event unforeseen circumstances arise, such as medical reasons affecting the student or a member of the student's immediate family, military service requirements, or jury duty, provided that the combined leaves of absence do not exceed 180 days within the 12 month period. Students must be in good financial standing and resume their studies at the point in the program where they ended.