

## REQUEST FOR SHORT TERM LEAVE OF ABSENCE

This form is to be completed by students who wish to receive permission to be away from the Conservatory for a brief period (up to two weeks) during the semester.

Short term leaves of absences are normally only granted for significant professional opportunities, family death or medical emergencies.

**Personal Medical leaves:** Please attach medical documentation to this form. In order to accommodate medical emergencies this form will be accepted up to one week after the dates of illness.

Name \_\_\_\_\_  
 (Please Print)

**I request permission to take a short leave of absence. The effective dates are to be from**  
 \_\_\_\_\_ to \_\_\_\_\_.

**Give a detailed reason for this leave:**


Signature \_\_\_\_\_ Date \_\_\_\_\_

**Obtain the following signatures:**

Adviser:	Orchestra Manager: (if applicable):
Instructors/Ensemble Directors Signatures:	

o **Submit this form to the Office of the Dean** prior to the beginning date of the leave unless it is a medical emergency. You and your teacher will be notified if your request is approved or denied.

Leave Request Approved \_\_\_\_\_ Leave Request Denied \_\_\_\_\_

Signature of Dean \_\_\_\_\_ Date \_\_\_\_\_