

Delaware Learning Institute of Cosmetology  
32448 Royal Blvd. Suite A  
Dagsboro, Delaware 19939  
302-732-6704  
302-732-9330 Fax

**Leave Of Absence Request**

**Student Name:**  
**Social Security Number:**  
**Current Address:**

**Contact Number:**

**Class Start Date:**                      **Last Physical Date of Attendance:**

**Date Leave Started:**                      **Number of Calendar Days Requested:**

**Expected Day of Return:**

**New Contracted End Date:**

**Reason for request:**  
(Explanation will be confidential according to Federal Regulations regarding the right to privacy act).

Student Signature:

Date:

Official use Only

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Approved

NSLDS (if applicable) was updated on \_\_\_\_/\_\_\_\_/\_\_\_\_

Denied: (Reason)

School Official Signature:

Date: