



OKALOOSA Technical College

Jon Williams, Director
Phone:(850) 833-3500
Fax: (850) 833-3466

STUDENT LEAVE OF ABSENCE REQUEST

Complete and return with supporting documentation to the Financial Aid Office.

Name _____ Social Security Number _____

Address _____

Phone _____ Cell _____

Email Address _____

Requested LOA Beginning and Ending Dates: _____

Reason for Request _____

Lab/Instructor _____

Receiving Financial Aid? _____ Yes _____ No _____ Type of Aid _____

Student Signature _____ Date _____

Office Use

Received By/Date _____

Approved _____ Denied _____

Comments _____

Administrator's Signature _____ Date _____