



Okaloosa Technical College

Kelly Hayes, Director
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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 _____