



**DIABLO VALLEY COLLEGE
LEAVE OF ABSENCE REQUEST**

Date: _____

Note: Official Leave of Absence is limited to two weeks (10 school days) and will not be granted until this petition is complete with all signatures. It is not necessary to file a Leave of Absence request for illness.

Name: _____

ID#: _____

I hereby petition to be granted a Leave of Absence from Diablo Valley College for the period _____ to _____ due to the following emergency;

Name and Number of Course	Instructor's Signature	Grade at Time of Leave

Signature of Student

I have discussed this petition with the student _____
Signature of Counselor

APPROVED: _____
Signature of Vice President of Student Services

Notices sent to instructors: (date) _____