



LEAVE OF ABSENCE FORM

TYSONS INSTITUTE
VIENNA, VIRGINIA

Please fill out this form, sign and submit the form to the office of registrar.

Student Name: _____

TI ID #: _____

Address: _____

Street: _____

City/State/Zip: _____

Phone Number: _____

I elect to take a leave of absence:

The semester your leave will begin:

The semester in which you will re-enroll:

- Fall
- Winter
- Spring

- Fall
- Winter
- Spring

Academic year: _____

Academic year: _____

Current Major: _____

Reason: State your reason for requesting this leave

By signing below I certify that the information contained on this form is true and accurate

Student's Name (please print)	Student's Signature	Date (MM/DD/YYYY)
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Approved By	Date (MM/DD/YYYY)
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Bring completed form to Tysons Institute or Mail to:

Tyson's Institute
Office of Registrar
8230 Old Courthouse Road, suite 425
Vienna, VA 22182