



Baltimore Studio of Hair Design

School of Cosmetology

318 North Howard St

Baltimore, MD 21201

410-539-1935

www.BaltimoreStudio.com

REQUEST FOR LEAVE OF ABSENCE FORM

I, _____, request a leave of absence for the following

reason(s): _____

I wish to begin my leave of absence on _____ and return on _____.

I understand that if I do not return from my LEAVE OF ABSENCE on or before the return date requested, I will be withdrawn from Baltimore Studio of Hair Design School of Cosmetology. If I am terminated from the program, I understand that I will be held responsible for the remaining balance which has accrued from my first date of attendance until my last physical date of attendance.

LOAN STUDENTS:

I have been advised that if I do not return from my leave of absence, and am withdrawn from the program, my grace period on my loan will begin on my last physical date of attendance (first day of LOA).

Current Address: _____

Current phone #: _____

Student Signature

Approved: _____

Date: _____

_____ Student did return on _____

_____ Student did not return

New end date has been extended to: _____.