



Maalot Institutes of Torah
6530 N. 7th St. Phoenix, Arizona 85014
(480) 454-7228 maalotcollege.org

Request for Leave of Absence (LOA) during the term

Name of Student _____

Start Date LOA _____ End date LOA _____

Name & No. of course _____ Semester _____

Instructor _____

Reason for request of LOA _____

Please note that should a student fail to return on the designated end date of the LOA, the student will automatically be withdrawn from the course. See refund policy in the Student handbook for further details. This may incur a grade of F depending on when the LOA was requested.

Please return this form to: Maalotinfo@maalotinstitutesoftorah.com

For office use only

Request granted _____

Signature of Instructor _____

Signature of Dean or Director _____

Signature of Student making the request _____