



# INTERNATIONAL COLLEGE CAYMAN ISLANDS

Date \_\_\_\_\_

Quarter: \_\_\_\_\_

## College Leave of Absence Form

Email completed form to: [melisa.hamilton@icci.edu.ky](mailto:melisa.hamilton@icci.edu.ky) or drop off form at the Registrar's Office. Kindly attach a copy of your PICTURE ID as proof of identification.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M I: \_\_\_\_\_ Class Year: \_\_\_\_\_

Program Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Concentration: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Student Type:**  Undergraduate  Graduate **Student plans to return next:**  Fall  Winter  Spring  Summer

Please provide a detailed explanation for your leave of absence:

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\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registrar's Signature

\_\_\_\_\_  
Date