CALIFORNIA DENTAL
ASSISTANT PROGRAM

The California Dental Assistant Program
LEAVE OF ABSENCE REQUEST FORM

Version 3.1, November 2026. Student Handbook Section 13.3

1. Leave of Absence Policy

A Leave of Absence (LOA) allows students to temporarily pause their enrollment for a qualifying personal reason without losing time within their 12-month enrollment window.

Qualifying Reasons

A Leave of Absence may be approved for the following reasons:

- Medical reasons, including pregnancy and recovery
- Caring for an immediate family member
- Military service
- Undergraduate examinations
- Other serious circumstances, subject to individual review and approval by the Student Success Team

Leave of Absence Requirements

To request a Leave of Absence, students must:

1. Submit a written request to the Student Success Team before the intended leave begins.
2. Explain the reason for the request and provide the expected return date.
3. Provide supporting documentation if requested, such as a doctor's note or military orders.
4. Wait for written confirmation of the decision. The Student Success Team will respond within 5 business days.

In emergencies, a leave may be requested up to **14 days after it begins**.

CALIFORNIA DENTAL
ASSISTANT PROGRAM

The California Dental Assistant Program
LEAVE OF ABSENCE REQUEST FORM

Leave Duration and Limits

- Each approved leave must last between **30 and 90 days**.
- Total approved leave time cannot exceed **180 days** throughout enrollment.
- The leave must be requested and approved before the student's 12-month enrollment window expires.
- A Leave of Absence cannot be used to avoid the extension or re-enrollment options outlined in Section 13.2 of the program handbook.

Conditions During an Approved Leave

- The student's 12-month enrollment window is paused and extended by the length of the approved leave.
- Clinic, practical, and live-session bookings are paused, and any scheduled sessions will be cancelled.
- Students currently completing an internship may lose their existing placement. The Student Success Team will work with the student to arrange a new placement upon return.
- Payment plan payments continue on their normal schedule, and tuition relief is not available during a leave.

Returning From Leave

Students must contact the Student Success Team at least **5 days before** their expected return date to schedule a return call. During this call, the student's progress plan will be updated, and eligible sessions will be rebooked.

Students may return earlier than their approved return date.

If you do not return by your approved date and have not asked to extend your leave, your enrollment window resumes and your status changes to Inactive (Student Handbook Section 13.1).

CALIFORNIA DENTAL
ASSISTANT PROGRAM

The California Dental Assistant Program
LEAVE OF ABSENCE REQUEST FORM

STUDENT NAME: **TODAY'S DATE:** MM / DD / YYYY

2. Student Information and Leave Request

1. Student Full Name: Your Full Name

2. Requested Leave Start Date: Leave Start Date

3. Expected Return Date: Expected Return Date

4. Have You Already Begun Your Leave? If yes, provide the date the leave began

5. Reason for Leave of Absence:

- [ ] Medical Reasons, Including Pregnancy or Recovery
- [ ] Caring for an Immediate Family Member
- [ ] Military Service
- [ ] Undergraduate Examinations
- [ ] Other Serious Circumstances

6. Explain the Reason for Your Request:

Provide a clear explanation of why you are requesting a Leave of Absence. Include any relevant information needed

CALIFORNIA DENTAL
ASSISTANT PROGRAM

The California Dental Assistant Program
LEAVE OF ABSENCE REQUEST FORM

7. Are you providing supporting documentations with this request, or can you provide it if requested?

- [ ] Yes, I'll send the documents via email to [Hello@Californiadentalassistant.com]
- [ ] Documentation is not attached but can be provided if requested.
- [ ] No supporting documentation is currently available

8. Additional Information

Provide any other information the Student Success Team should consider when reviewing your request.

If you have any questions or would like to submit any additional documents, please feel free to email us at hello@californiadentalassistant.com.

CALIFORNIA DENTAL
ASSISTANT PROGRAM

The California Dental Assistant Program
LEAVE OF ABSENCE REQUEST FORM

3. Statement of Understanding

By submitting this request, I acknowledge and agree to the following:

- I understand that submitting this request does not guarantee approval.
- I understand that each approved leave must last between 30 and 90 days and that total approved leave time cannot exceed 180 days throughout my enrollment.
- I understand that my leave must be requested and approved before my 12-month enrollment window expires.
- I understand that my payment plan payments continue during my leave, and Tuition Relief is not available while I'm on Leave
- I understand that all program activities will be paused during my leave.
- I understand that I might need to arrange a new internship placement when I return.
- I agree to contact the Student Success Team at least 5 days before my expected return date to schedule a return call and update my progress plan.
- I understand that I may return early and that failure to return by my approved return date without requesting an extension will result in my enrollment window resuming and my status changing to Inactive.

Student Full Name: Full Name _____

Student Signature: Signature _____

Parent/Guarding Name: Full Name _____ *(Required only if student is under 18)*

Parent/Guarding Signature: Signature _____