



Ashton College

Suite 410 – 1190 Melville Street, Vancouver, BC V6E 3W1 Telephone: 604-899-0803; Fax: 604-899-0830

Leave of Absence

School of Business School of Part-Time Studies English Language Centre School of Continuing Education

Student Information

Last Name: _____ First Name: _____ ID#: _____

Original Program: _____

Original Start Date: _____ Original End Date: _____

Leave of Absence Start Date: _____

Admissions Adviser: _____

I hereby authorize Ashton College to make changes in my original contract relating to this Leave of Absence. Please note that a leave of absence maximum date of return is one hundred and eighty (180) calendar days from the leave of absence start date. I understand that the remaining terms and conditions of my contract still apply.

Student

Date

Administrative Use Only

Received Date: _____ Registrar: _____

Received Date: _____ Date of Return: _____ Registrar: _____