

# ALBERT CAREER SCHOOL

## Student Request

### Section 1

I authorize Albert Career School to take the appropriate action as indicated on this form.

Date: _____
Student ID: _____
Student Name: _____ (family name) _____ (given name)
Phone #: _____
Date of Birth: _____

### Section 2:

Please check the appropriate box below, provide the information requested. Allow 7 days to process

<input type="checkbox"/> <b>Letter Requested</b> Explain what is needed: _____
<input type="checkbox"/> <b>Program Extension</b> (attach VISA, Passport for student & dependents, financial documents)
<input type="checkbox"/> <b>Travel Request</b> (attach I-20) Dates: from _____ to _____ Destination: _____ Reason: _____
<input type="checkbox"/> <b>Change of Demographic Information</b> (address, phone, email) New Address: _____ New Phone #: _____ New Email: _____

<input type="checkbox"/> <b>Transfer Out or Withdrawal</b> effective date: _____ Explain: _____
<input type="checkbox"/> <b>Leave of Absence</b> (attach letter from MD, DO, Psyc indicating dates & diagnosis) Dates from: _____ to: _____ Explain: _____
<input type="checkbox"/> <b>Excused Absence</b> (attach document support the request) Dates from: _____ to: _____ Explain: _____

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Action Taken: _____ Date: _____
DPO Signature: _____