San Diego Miramar College

Medical Laboratory Technician Training Program

Leave Form

Name: _____ **CSID #:** _____

Date of leave: _____

Reason for leave: _____

_____

_____

Courses completed (check all that apply):

MLTT 201	**MLTT 61**
MLTT 202	**MLTT 62**
MLTT 203	**MLTT 63**
MLTT 204	**MLTT 64**

Anticipated date of return: _____

To continue the MLTT program, you must return within 5 years of leaving the program. You will not have to be entered into a lottery when you return. However you will be placed in the needed classes as space is available only if there is space after all continuing students have been accommodated.

Note: **Dropping out of the program will cause you TO FALL TO THE BOTTOM OF THE PRIORITY LIST FOR CURRENT STUDENTS. The sooner you notify us of your return, the better your chances of obtaining a favorable spot will be.**

Program Director signature: _____

Date: _____