



Leave of Absence Request Form

LEAVE OF ABSENCE INFORMATION & CRITERIA

- Requests for LOA must be made in writing.
- Student must be in good standing and making satisfactory progress towards degree.
- Students may submit a leave of absence one week prior to the LOA and request for a maximum of two semesters.
- Compelling reasons for LOA include financial hardship; personal illness or injury which affects ability to study; illness or injury of a dependent or family member; to study for the United States Medical Licensing Examination.
- Students who take an unauthorized leave of absence may have to apply for re-admission.
- Students who wish to take a leave of absence for a period longer than two semesters may have to apply for re-admission to the College.
- Short breaks due to scheduling constraints may occur between clinical clerkships. Such breaks, if not exceeding eight weeks have no impact on the student's enrollment status and do not require a LOA.
- Paid tuition may be deferred to the following semester, but will **not** be refunded.

Last Name		First	Middle	Student ID Number	
Permanent Address		City	State	Zip Code	Country
Primary Telephone # ()		Please indicate type <input type="checkbox"/> HOME <input type="checkbox"/> CELLULAR		Email Address	
Current Semester	Expected Graduation Date	LOA from the following Semesters <input type="checkbox"/> Spring ___/___/___ <input type="checkbox"/> Summer ___/___/___ <input type="checkbox"/> Fall ___/___/___		RETURNING to school for the following semester <input type="checkbox"/> Spring ___/___/___ <input type="checkbox"/> Summer ___/___/___ <input type="checkbox"/> Fall ___/___/___	
LOA Reason <i>(Please attach additional pages if more space is needed)</i>					
Student Signature				Date	
◆◆◆◆◆ OFFICE USE ONLY <i>(Please do not write in this space)</i> ◆◆◆◆◆					
◆◆◆◆◆ OFFICE USE ONLY <i>(Please do not write in this space)</i> ◆◆◆◆◆					
Date Received: / /		Semesters Approved: / / - / /		Financial Clearance: <input type="checkbox"/> Yes <input type="checkbox"/> NO (if No, please state \$ Owed: \$ _____)	
Approved by:				Date Approved: / /	
Results communicated to student by:			Date: / /	Via(circle): Email Letter Phone	