

## REQUEST FOR LEAVE OF ABSENCE (LOA)

**For medical leave – please use Request for Medical Leave of Absence (MLOA)**

NOTE: A leave of absence (LOA) is granted for up to one year with the possibility of a one-year extension, granted on a case-by-case basis, after review by the Senior Associate Dean of Student Affairs

Student Name (*Print Clearly*): \_\_\_\_\_ SID: \_\_\_\_\_

Current Telephone #: \_\_\_\_\_

### STUDENT CHECKLIST

- Attach supporting documentation (i.e. copy of program/research acceptance letter)
- If you receive financial aid, you must schedule an appointment with the School of Medicine Financial Aid Office to discuss how your leave affects your current financial aid eligibility. It is your responsibility to understand the Satisfactory Academic Progress Policy and its relation to Leaves of Absence and Withdrawals
- Update your contact information with the Office of Student Affairs and via Growl

**Class Level:**      1<sup>st</sup> Year                      2<sup>nd</sup> Year                      3<sup>rd</sup> Year                      4<sup>th</sup> Year

**Requested leave date** (Month, Day & Year): \_\_\_\_\_ **Anticipated return date** (Month & Year): \_\_\_\_\_

### LEAVE CATEGORY

- |                                      |  |  |
|--------------------------------------|--|--|
| <input type="checkbox"/> Educational |  | <input type="checkbox"/> Personal (Family Emergency) |
| <input type="checkbox"/> Research    |  | <input type="checkbox"/> Financial                   |
| <input type="checkbox"/> Other       |  |  |

**Explanation of Activity** \_\_\_\_\_

**I have considered all academic and financial ramifications of my request, effective on the date I have requested.**

**I understand that should I not fulfill my USMLE requirements, as applicable, my request for a leave is null and void and may require my return to the curriculum or my leave being changed to an Administrative Leave**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Office use only

**Hold – Pending the following:** \_\_\_\_\_

**Denied Reason(s):** \_\_\_\_\_

**Approved** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Senior Associate Dean Student Affairs

**Leave Category:**    Educational    Research    Personal    Financial    Other

**Effective start date:** \_\_\_\_\_ **Expected return date:** \_\_\_\_\_  
**Return as:**    1st Year/ Repeat    2nd Year/ Repeat    3rd Year/ Repeat    4th Year/ Repeat