

Leave of Absence (LOA) Request Form

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| --- | --- | --- | --- | --- | --- | --- |
| Name: | Enter text. | | | | URID: | Enter text. |
|  |  | | | |  |  |
| Program: | Choose an item. | | | | | |
|  |  | | | | | |
| Leave to begin: | MM/DD/YYYY | Leave to end: | MM/DD/YYYY | *Leave dates must begin and end according to the semester schedule.* | | |

Reason for Leave of Absence:

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| --- |
| Enter text. |

*My signature below indicates that I understand and accept the following:*

* Leave of absence will be limited to one year and must encompass full semesters.
* My status with the School of Medicine and Dentistry will be INACTIVE during LOA. Student loans cannot be deferred during LOA period.
* University health insurance coverage will terminate during LOA.
* Registration for 985, Leave of Absence and payment of LOA fee of $80 per semester is due at the time of requested LOA.
* LOA counts towards time to degree limit.

Mailing address during leave period:

|  |
| --- |
| Enter text. |

Student Signature Date

**Leave of Absence Approved by:**

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|  | | | |
| Advisor Signature | Date | Program Director Signature | Date |
|  | | | |
| Senior Associate Dean for Graduate Education and Postdoctoral Affairs | | | Date |
|  | | | |
| Initials of Registrar | | | Registration Date |