



# Leave of Absence Request

Office of the Registrar

### Instructions:

All students requesting a Leave of Absence from the College of Osteopathic Medicine are required to meet with the Office of Student Affairs prior to completing this form. Upon approval, students must also meet with the Office of Financial Aid to discuss any impact taking an LOA may have on scholarships and/or student loans. The completed form with all required signatures must be submitted to the Office of the Registrar for processing. The effective date of the LOA is the date the form is received in the Office of the Registrar. Students must submit their intent to return in writing to the University Registrar within thirty (30) calendar days of the anticipated return date.

### STUDENT INFORMATION

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Late Day of Attendance: \_\_\_\_/\_\_\_\_/\_\_\_\_ Anticipated Return Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### REASON FOR LEAVE OF ABSENCE

- Illness:  Self  Family  
 Marriage  Death in Family  Maternity Leave  Employment  Military  Personal

Please provide any additional comments:

### REQUIRED SIGNATURES

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assistant Dean of Student Affairs

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean's Signature (or designee)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office of Financial Aid

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office of the Registrar

\_\_\_\_\_  
Date (received in OR)