



Leave of Absence Request

Student Name: _____ Class: _____

Phone: _____ Email: _____

Mailing Address: _____

Requested Start Date: _____ Requested Return Date: _____

Reason for LOA: _____

Reason for Request: _____

Please note that if approved, you must: 1) Request re-enrollment in the M.D. Program by the date specified in the approval letter from the Associate Dean for Students in order to be considered for re-enrollment, 2) Meet with Financial Aid to reconcile financial status, and 3) Return your laptop, iPad, locker key, and mailbox keys to Shelia Ellison in the Office of Student Affairs.

Return your completed form along with any attachments to the COM Registrar's Office (COM 115)

For Office Use Only: Request:___Approved_____Denied

Associate Dean for Students: _____ Date: _____

Start Date:_____Estimated Return Date: _____ Return to Class of: _____

Student has met with the following Offices:

1. Financial Aid: _____ Date: _____

2. Office of Student Affairs (Shelia Ellison): _____ Date: _____

Items Returned (Unless otherwise stipulate by the Associate Dean for Students):

- Laptop _____
- iPad _____
- Locker Key _____
- Mailbox Key _____

Processed by RO:___SRS___PS___Roster Registration___Tuition___Student Dean Transcript