



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) or at by email at comregistrar@ucf.edu

Student Signature: _____ Date: _____

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 (for M1/M2s) _____
- Mailbox Key (for M1/M2s) _____
- COM ID Badge (white) _____
- Student ID (black) _____
- Access Card (to hospitals) _____