



**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](mailto: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) \_\_\_\_\_
- Clicker \_\_\_\_\_