College of Medicine
UCF | UNIVERSITY OF CENTRAL FLORIDA

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)_____

Processed by RO:_____SRS_____PS____Roster ____Registration_____Tuition_____Student____ MSDH Site ____Transcript