



Request for Leave of Absence (LOA)
From the School of Medicine
(to be used only for a short-term absence from the School of Medicine)

School of Medicine
Department of Student Affairs and Records

*Students granted a Leave of Absence will be treated as withdrawn for purposes of Return of Title IV Funds processing, enrollment reporting and tuition refund processing. The effective date of the withdrawal/LOA for tuition refund and Return of Title IV Funds processing is the initial date of the student's notification of withdrawal (unless attendance at an academically related activity can be documented). * Please return completed form to Ms. Sarah Berry in the Office of Student Affairs (sberr4@lsuhsc.edu). If your Leave of Absence exceeds twelve months, you must go through the Re-Admissions Committee to return to school.

Student Name: Student ID:

Graduation Year: Last day you attended class:

Current Address/Phone/Email:

Leave of Absence (LOA): Refer to the Leave of Absence Policy for more information.

Please check reason: Academic Research Medical Personal Dual Degree Financial
First Attempt at Step 1 Second Attempt at Step 1 Third Attempt at Step 1
First Attempt at Step 2 Second Attempt at Step 2 Third Attempt at Step 2
Fourth Attempt at Step 2 Other
Requested leave date: Anticipated return date:
If you are currently enrolled, are you completing the academic term? Yes No
Explanation of Activity:

I have considered all academic and financial ramifications of my request, effective on the date I have requested.

Student's Signature: Date:

FOR OFFICE USE ONLY:

- Hold - Pending the following:
Denied - Reason(s):
Approved Date:
Signature of Associate Dean of Student Affairs

Leave Category: Academic Research Medical Personal Dual Degree Financial
First Attempt at Step 1 Second Attempt at Step 1 Third Attempt at Step 1
First Attempt at Step 2 Second Attempt at Step 2 Third Attempt at Step 2
Fourth Attempt at Step 2 Other

Effective start date of LOA: Anticipated return date: