



Request to Return from Leave of Absence (LOA)

School of Medicine
Department of Student Affairs and Records

Please submit the completed Request to Return from Leave of Absence form to Mr. Daryl Julien in the Office of Students Affairs (djulie@lsuhsc.edu) at least 30 days prior to the end of your anticipated return date.

If your Leave of Absence has exceeded twelve months, you must go through the Re-Admissions Committee to return to school.

Student Name: _____ Student ID: _____

Current Address/Phone/Email: _____

Please check reason for LOA: 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: _____

Student's Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Hold – Pending the following: _____

Denied – Reason(s): _____

Approved _____ Date: _____

Signature of Associate Dean of Student Affairs

Returning as:

L1 L1 Repeat L2 L2 Repeat L3 L3 Repeat L4 L4 Repeat

Leave of Absence Return Effective Date: _____