



## 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. Jon Kulick in the Office of Students Affairs ([jkulic@lsuhsc.edu](mailto:jkulic@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: \_\_\_\_\_