



**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*Students granted a Leave of Absence will be treated as withdrawn for purposes of Return of Title IV Funds processing, enrollment reporting and tuition refund processing.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 Mr. Jon Kulick in the Office of Student Affairs (jkulic@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 am aware there could be academic and financial ramifications due to my request.

Student's Signature: _____ **Date:** _____

FOR OFFICE USE ONLY:

☐ **Hold** – Pending the following: _____

☐ **Denied** – Reason(s): _____

☐ **Approved** _____ **Date:** _____

Signature of Associate Dean of Student Affairs