



Request to Extend Leave of Absence (LOA)

School of Medicine
Department of Student Affairs and Records

Please submit the completed Request to Extend Leave of Absence form AND the reason for the extension below (or on a separate sheet) to Ms. Sarah Berry in the Office of Students Affairs (sberr4@lsuhsc.edu) at least 30 days prior to the end of initial anticipated return date.

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

Student Name: _____ Student ID: _____

Current Address/Phone/Email: _____

Leave of Absence Start Date: _____

Initial Anticipated Return Date: _____

New Anticipated Return Date: _____

Reason for extension: _____

Student's Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Hold – Pending the following: _____

Denied – Reason(s): _____

Approved _____ Date: _____

Signature of Associate Dean of Student Affairs