

SCHOOL OF GRADUATE STUDIES IN THE HEALTH SCIENCES
Leave of Absence Form

Student Name: _____

Program: _____

Request leave of absence beginning _____ **ending** _____.

Justification for LOA:

Decision

good academic standing, LOA granted for up to 12 months to pursue training at another institution.

good academic standing, one academic semester for personal, financial, or medical reasons.

probation, and/or research efforts/results unsatisfactory, discretion of the program director and Dean of the School.

counseled to withdraw

other _____

Student Signature

Date

Program Director

Date

Dean, SGSHS

Date

Registrar

Date