



Albert Einstein College of Medicine

Office of the Registrar
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Bronx, NY 10461
Phone: 718.430.2102 Fax: 718.430.4123
Einstein-MDregistrar@einsteinmed.org

Leave of Absence Form (MD)

CHECK ONE: Academic Personal Medical Parental

Student Name _____

Banner ID # _____

Current Address _____

Year of Graduation _____

City _____ State _____ Zip _____

Telephone _____

EFFECTIVE DATE: _____ **ANTICIPATED DATE OF RETURN:** _____

Comments:

Student's Signature: _____ Date: _____

Dean for Students' Signature: _____ Date: _____

Student Finance Office: _____ Date: _____

International Student Office: _____ Date: _____

****Students who exceed 180 days (6 months) on a Leave of Absence will go back into loan repayment****

PLEASE RETURN THE COMPLETED FORM TO THE REGISTRAR'S OFFICE-BELFER 210

OFFICE USE ONLY

Emailed to Occupational Health: _____
Date

Update:

Banner AAMC-SRS Student File