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: __________

Office of Student Finance: ___________________________ Date: __________

International Students Office: ___________________________ Date: __________

Dean for Student’s Signature: ___________________________ Date: __________

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

OFFICE USE ONLY

Faxed to Housing Department ___________ Fax to Occupational Health ___________
Date Date

Update:
___ Banner ___ AAMC-SRS ___ Student File