



Student Request for a Leave of Absence or Withdrawal

Student Name: _____

Banner ID: _____

I Am Requesting a: Leave of Absence Withdrawal
 Primary Reason for Request: Academic COMLEX Graduate Degree Medical Personal

Starting Date of Leave/Withdrawal: _____

Ending Date of Leave: _____

Please obtain the following signatures and documentation as indicated:

1. Clinical Education (for students who have completed their preclinical curriculum)

I have met with the student and provided a report of all rotations the student has completed.

 Manager of Clinical Education

 Date

2. Financial Aid

I have met with the student and explained the impact of this request on student loans and repayment status. In the event of a withdrawal, I have confirmed that the student has settled all outstanding financial obligations and completed financial aid exit counseling, if applicable.

 Director of Financial Aid

 Date

3. Director of Academic Success

I have met with the student to discuss strategies to successfully take a leave of absence or withdrawal.

 Director of Academic Success

 Date

4. Associate Dean of Academic Affairs

I have met with the student to discuss this request and the impact it will have on the student's academic plan.

 Associate Dean of Academic Affairs

 Date

5. Interim Dean

I have met with the student to discuss this request and I approve.

 Interim Dean

 Date

6. Student

I have read the policies addressing a leave of absence and/or a withdrawal in the Student Handbook and Academic Standards Handbook and make this request with a full understanding of the impact it will have on my student loans, academic plan, and other matters. I am providing the following documentation as applicable with my request:

For a medical leave of absence, a letter from a physician or treating mental health provider describing the nature of the illness for which the leave is requested.

 Student

 Date

7. Assistant Dean for Enrollment Management

I have met with the student, documented completion and execution of this form, obtained required documents, and will process the request. In the event of a withdrawal, I have obtained the student's badge and will terminate access to college resources.

 Assistant Dean for Enrollment Management

 Date