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**Academic LOA for Research**

An academic leave of absence may be requested if the student plans to take time off from medical school to work on a research project. The Research Advisory Committee is responsible for reviewing and approving this type of leave and the student research project taking place during the LOA. The student cannot be paid for their role in this project.

DOCUMENTATION THAT MUST BE SUBMITTED:

- Research Project Proposal Form (this can be found on the website)
- In order to complete this form, you must meet with the Office of Financial Aid. This form will not be accepted unless the Office of Financial Aid attests to having presented information to you regarding your LOA and the financial implications of said LOA.

\_\_\_\_\_  
Signature of Director of Financial Aid

\_\_\_\_\_  
Date

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**Academic LOA for a Degree-Granting Program**

An academic LOA may be requested if the student plans to take a year off to pursue a degree at an outside institution.

DOCUMENTATION THAT MUST BE SUBMITTED:

- Acceptance letter from degree-granting program.
- In order to complete this form, you must meet with the Office of Financial Aid. This form will not be accepted unless the Office of Financial Aid attests to having presented information to you regarding your LOA and the financial implications of said LOA.

\_\_\_\_\_  
Signature of Director of Financial Aid

\_\_\_\_\_  
Date

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**Academic LOA for an Externship**

An academic LOA may be requested if the student plans to take a year off to pursue an opportunity outside of the institution that provides further value to their educational goals.

DOCUMENTATION THAT MUST BE SUBMITTED:

- Proof of employment or acceptance letter.
- In order to complete this form, you must meet with the Office of Financial Aid. This form will not be accepted unless the Office of Financial Aid attests to having presented information to you regarding your LOA and the financial implications of said LOA.

\_\_\_\_\_  
Signature of Director of Financial Aid

\_\_\_\_\_  
Date

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**Section 3: PLANNED RETURN DATE**

I plan to return on the following date: \_\_\_\_\_ .

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## Section 4: CERTIFICATION

(1) I hereby attest that all of the information provided on this application is accurate; (2) I understand that my financial aid may be affected by this LOA; (3) I understand that if I apply for an academic leave and it is not approved, I may be able to take a leave under the personal category; (4) I understand that I must be in contact with the School of Medicine at least 90 days prior to my planned return date. At this point, I will confirm my plan to return to school on my planned return date; (5) I understand that in order to request an extension, I will need to submit a new LOA application form; (6) I understand that upon re-matriculation, I will need to be in compliance with all school requirements.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

*This request is not valid unless signed and dated by the student.*

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## Section 5: SCHOOL OFFICIAL REVIEW

- Approved
- Denied

\_\_\_\_\_  
Associate Dean of Student Affairs

\_\_\_\_\_  
Date

- Approved
- Denied

\_\_\_\_\_  
Dean or Dean for Medical Education

\_\_\_\_\_  
Date

**For Registrar Office Use Only:**

Date Received: \_\_\_\_\_

Date Processed in Banner: \_\_\_\_\_

**For Office of Student Affairs Only:**

Please note any stipulations for this student's return in the space below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EXTENSION OF LOA:**

- Approved
- Denied

UPDATED REENTRY DATE: \_\_\_\_\_

**CHANGE IN LOA STATUS:**

- Approved
- Denied

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date