



To Be Completed by the Student:

On what date did you initiate this Leave of Absence request? _____
Date:

Academic Program _____ Current MOG/YOG _____ Student ID# _____

Name _____ Campus _____
Last First M.I.

Permanent Address _____
Street City State ZIP Country

Personal email _____ Mobile Telephone Number _____

- Are you an International (F1) Student? Yes _____ No _____
- Do you receive VA benefits? Yes _____ No _____
- Do you live in a University residence? Yes _____ No _____
- Are you currently registered for classes? Yes _____ No _____
- Will you complete the current semester? Yes _____ No _____
 - If yes, what is first semester you will be on leave? _____

Please explain why you are requesting a leave of absence from the university below:

Student Signature Date



LEAVE OF ABSENCE REQUEST Worksheet:

To be COMPLETED BY ACADEMIC DEAN/DESIGNEE:

Student ID# _____ Name _____

1st Meeting date _____ Academic Dean or designee _____ Date _____ initials _____

LOA Reason [choose 1]

Medical _____ Name of Student Affairs referral _____ Date of referral _____

Academic Comments _____

Financial Comments _____

Military Comments _____

Personal Comments _____

Commute _____ Work Conflict _____ Childcare _____ Other _____

LOA Request Cancelled by Student _____ Unresponsive Student _____

Current MOG/YOG: _____ New MOG/YOG: _____

1st RETURN Semester: _____ 2nd Semester: _____

Table with 6 columns: CRSE #, Course Title, Credits, CRSE #, Course Title, Credits. Rows for 1st and 2nd semesters.

3rd Semester: _____ 4th Semester: _____

Table with 6 columns: CRSE #, Course Title, Credits, CRSE #, Course Title, Credits. Rows for 3rd and 4th semesters.

All students must obtain a signature from a Student Financial Services counselor prior to submitting finalized form to your Academic Dean/designee.

Printed Name of Student Financial Services Counselor _____ Signature _____ Date _____

Are you an international student? Yes _____ No _____

If yes, all International students with an F-1 or J-1 (I-20) visa status must obtain a signature from an advisor in Immigration Services (DSO) prior to submitting completed form to your Academic Dean or designee.

Printed Name of International Programs Advisor (DSO) _____ Signature _____ Date _____

The Academic Dean or designee will notify the student within 1 week (or 5 business days) upon receipt of the completed form with finalized LOA requirements via the student's MCPHS email account.

Printed Name of Academic Dean or designee _____ Signature _____ Date of receipt _____