



Leave Start Date: \_\_\_\_\_ Leave End Date: \_\_\_\_\_ Student ID # \_\_\_\_\_

**STUDENT INFORMATION**

Student Name: \_\_\_\_\_  
Last First Middle

Contact Details: \_\_\_\_\_  
House / Apt No. Street City

\_\_\_\_\_ State / Province Zip / Postal Code Country

\_\_\_\_\_ Phone No. Mobile No. E-mail

**REASON FOR LOA REQUEST**

I am requesting a Leave of Absence (LOA) for the following reasons;

- Financial  Licensure Examination Prep. (USMLE/ CAMC)  
 Health  Other *(Explain Below, use additional paper if required)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LOA Guidelines:** LOA REQUEST is only allowed for 01 semester and may be extendable upon second request for an additional semester for maximum of 01 academic year (02 semesters). ALL REQUESTS must be made 25 business days in advance for consideration. STUDENT requesting LOA are required to be in good academic and financial standing with the University. STUDENT in pre-clinical and clinical levels are required to complete the semester before leaving on absence. LOA requested for during a semester session may result in a Withdrawal (W) grade for all courses registered. STUDENT'S taking a leave without notification or LOA approval or does not return within the time allowed may face dismissal and would have to re-apply for admissions. STUDENT'S are required to pre-approve LOA request from his / her department head / Dean for submission to the Registrar's Department for final approval.

\_\_\_\_\_  
**Student's Signature (Required)**

\_\_\_\_\_  
**Date (Required)**

**OFFICIAL USE ONLY**

Dean: X _____	Registrar (Records): X _____
Date: _____	Date: _____
<b>STATUS:</b> <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	Date: _____
<b>Rejected By:</b> _____	Signature: X _____
<b>Reason:</b> _____	