



Request for Personal Leave of Absence (LOA)

Student Name: _____

Student ID Number: _____

Degree Program: _____

Please confirm if the student has taken a previous LOA: _____

If yes dates of previous LOA: _____

Requested start of LOA: _____ (Semester): _____

Anticipated return from LOA: _____ (Semester): _____

If the anticipated return date changes, a new LOA form must be submitted and routed for approval.

Reason for LOA:

Please describe the reason for the LOA and include a detailed plan for return. The plan must outline expectations upon return and confirm that the student will notify the program at least one month in advance of the planned return date.

Students and faculty mentors must also acknowledge awareness of the financial implications upon return. Re-entry at the beginning of the semester is recommended to avoid being charged full tuition and fees later in the term.

Students who wish to enroll in self-pay health insurance while on LOA must complete the following form:

https://www.cusys.edu/EP/EPPRODUCD/UnityForm.php?form=AMC_CU_Trust_Student_Ins_Admin_-_Special_Enrollment

- I have an appointment on a NIH Training Grant or Fellowship (only initial if this is true).
- I understand that my stipend will be suspended whilst I am on LOA, and my health insurance will terminate at the end of the semester in which I start the LOA.
- I understand I have the option to enroll in student health insurance at my expense while on LOA.
- I understand that I must work with my Program Administrator to drop classes or request Incomplete grades.
- I understand this LOA may impact my student loans, and any deferment period, that I am responsible for contacting the Office of Financial Aid.
- I understand that I am required to contact my Program Director and Program Administrator at least one month prior to my planned return from LOA.
- I confirm that I have communicated my return plan with my faculty mentor, and that we have mutually agreed upon expectations upon my return.
- (Faculty Mentor) I understand that upon the student's return from LOA, I am financially responsible for the student's stipend, tuition, and fees (including health and dental insurance). If the student returns before the end of a semester, I am responsible for the full tuition and fees for the entire semester.

Students Signature: _____

Date: _____

Faculty Mentor Signature: _____
(not applicable for first year students)

Date: _____

Program Director Signature: _____

Date: _____

ORE Associate Dean Signature: _____

Date: _____

CC: Program Administrator
ORE Business Services Program Director
Department DFA
Registrar
Graduate School