

Leave of Absence Request

MSUCOM Office of the Registrar

965 Fee Road, Room C110
East Lansing, MI 48824-1316
517-353-7741 (Phone), 517-432-1976 (Fax)

Instructions:

- 1. Complete and attach letter explaining reason for request.
2. Submit request form and letter of explanation to: OsteoMedReg@hc.msu.edu.
3. Contact the Office of Financial Aid (517-353-5940) to discuss impact leave will have on you (e.g. current loans, additional semester(s) of tuition charges, etc.)
4. Contact the Student Insurance Office (517-353-4434) to discuss impact leave will have on your coverage.
5. Before approval is granted you will be required to provide documentation supporting your request.
6. A meeting will be scheduled once all documentation is received and reviewed to discuss implications of request.

NOTE: An approved leave will not supersede a student's academic standing determination at the end of each semester. Additionally, required courses completed prior to an approved leave of absence will be included in the determination of a student's academic status.

Student Information: Please PRINT

Student name: _____ Phone: (____) ____-_____

Class Year: _____ Site/Base Hospital: _____

Date/Semester Leave is to begin: _____ Email: _____

Duration of Leave: _____

Is this request for an extension to an existing leave of absence? Yes [] No []

Reason Leave Requested:

- [] Health/Medical
[] Family/Personal
[] Military
[] Financial
[] Pursue Additional Degree
[] Research

Signature: _____ Date: _____

MSUCOM Leave of Absence Request Review:

The above noted student's request for a leave of absence has been: Approved [] Denied []

The leave will begin on ___/___/___ (Semester ____). The student will return to the College on ___/___/___ (Semester ____) and join the Class of _____. The student must notify the College Registrar (OsteoMedReg@hc.msu.edu) in writing no less than 30 days prior to the return date to active enrollment.

MSUCOM Authorized Signatory: _____ Date: _____