

SCHOOL OF GRADUATE STUDIES IN THE HEALTH SCIENCES
Leave of Absence Form

Student's Full Legal Name: _____

Á

Student Number: _____

Program/Year: _____

Effective Withdrawal Date: _____

Last Date of Attendance: _____

Expected Return Date: _____

Reason for Withdrawal/LOA: _____

Decision:

Good academic standing, LOA granted for up to 12 months to pursue training at another institution.

Good academic standing, one academic semester for personal, financial, or medical reasons.

Probation, and/or research efforts/results unsatisfactory, discretion of the program director and Dean of the School.

Counseled to withdraw.

Other _____

Student Signature

Date

Program Director

Date

Dean, SGSHS

Date