

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

Student's Full Legal Name: \_\_\_\_\_

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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