

Request for Leave of Absence/Return From Leave of Absence

Office of the University Registrar / 501-526-5600 / registrar@uams.edu

1. Student Information

Student Name: _____ UAMS ID: _____

Academic College/Program: _____

Dual Degree Student: Yes No Second Program (if applicable): _____

Type of Request: Request to BEGIN a Leave of Absence (*Complete Items 1, 2, 4 and 5 only*)
 Request to EXTEND a Leave of Absence (*Complete Items 1, 2, 4 and 5 only*)
 Request to RETURN FROM a Leave of Absence (*Complete 1, 3 and 5 only*)

2. Request for New or Extended Leave of Absence (check one)

LOA Start Term and Date (leave blank if *extending* LOA): _____

Expected Return Term and Date: _____

3. Request to Return From Leave of Absence

Original LOA Return Date: _____

Requested LOA Return Date: _____

4. Attachments

Please attach the following documents to this request prior to submission:

- 1) Written statement/reason for request (e.g., medical, financial, personal reasons)
- 2) Documentation for request (optional) such as a doctor's note, etc. NOTE: Medical records or detailed health statements should *not* be submitted with this form.

5. Signatures

By completing and submitting this form, you agree to the following statements (*student must initial each statement*):

- _____ This request is not approved/final until all steps are completed and it has been reviewed and signed by academic department officials, SFS-Financial Aid, and the Office of the University Registrar. Partially completed requests will not be processed.
- _____ A leave of absence may last no longer than one year, but may be extended for additional time upon approval by your academic department. To extend an LOA, submit a new *Request for Leave of Absence* form prior to the end date of the original leave, but not more than one month prior.
- _____ The type of LOA approved is determined by your academic department in consultation with Student Financial Services and the Office of the University Registrar. It is your responsibility to fully understand the



University of Arkansas for Medical Sciences

type of LOA approved, including all academic and financial implications (e.g., financial aid, time-to-degree, etc.). You should consult with your academic advisor prior to submitting a request for LOA. Details regarding the LOA policy are available in the *UAMS Academic Catalog*.

- _____ If an LOA is begun during an in-progress term (Institutional and Departmental LOA only), a leave of absence must be submitted prior to the last day to drop a course for the semester. The related drop form is required if you are enrolled in courses for the semester. You are still subject to the add/drop and refund calendars for your program if classes are not dropped by the stated deadlines.
- _____ A *Request to Return From Leave of Absence* is required before you are eligible to enroll in future semesters.
- _____ Enrollment in future terms will be administratively dropped at the time an LOA is submitted. You may re-enroll when the *Request to Return From Leave of Absence* is received and processed.
- _____ Upon your return from LOA, you will confer with your program/academic advisor prior to enrollment to ensure satisfactory progression toward the degree.
- _____ Upon your return from LOA, you may need to contact the UAMS Helpdesk (501-686-8555) to restore appropriate access to university systems such as badge-secured facilities, or other online systems.

Required Signatures

Student: _____

Date: _____

Program Director/Advisor: _____

Date: _____

College Assistant/Associate Dean: _____

Date: _____

SFS-Financial Aid: _____

Date: _____

University Registrar: _____

Date: _____

OFFICE USE ONLY

Type of LOA Approved: Official Institutional Departmental

FA Student Consultation Date: _____

FA Officer: _____

Date LOA/RLOA Applied by OUR: _____

OUR Officer: _____