



**REQUEST FOR LEAVE OF ABSENCE**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Touro ID#: \_\_\_\_\_ Program: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number) (Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Citizenship or Visa Status (circle one) US Citizen/Permanent Resident Visa N/A

Semester of Leave (circle one) Fall Spring Summer 20 \_\_\_\_\_

Expected Semester of Return (circle one) Fall Spring Summer 20 \_\_\_\_\_

Access to Blackboard required while on LOA (circle one) Yes No

Last day of the class participation (if requested mid-semester) \_\_\_\_\_

Reason For Request: \_\_\_\_\_

A leave of absence request may have implications on your refund, financial aid, scholarship(s), and registration status. Before your request can be acted upon, you must review your request with, and obtain the written approval of, the appropriate Dean(s), Bursar, the Financial Aid Office, and the Registrar. If you wish to extend your leave, you must submit a separate form to request an extension. You are required to contact the Office of the Registrar at least 30 days prior to returning to school.

A leave of absence is not effective until this form is properly completed and delivered to the Office of the Registrar and recorded in the system of records. Until you are notified by the Office of the Registrar that the leave has been approved, you should assume that you are expected to fulfill your academic and/or financial responsibilities.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean/Department Chair Date \_\_\_\_\_ Signature \_\_\_\_\_

Comment \_\_\_\_\_

Dean of Students (if applicable) Date \_\_\_\_\_ Signature \_\_\_\_\_

Comment \_\_\_\_\_

Financial Aid Date \_\_\_\_\_ Signature \_\_\_\_\_

Comment \_\_\_\_\_

Reportable LOA  Non-reportable LOA

Bursar Date \_\_\_\_\_ Signature \_\_\_\_\_

Comment \_\_\_\_\_

Registrar Date \_\_\_\_\_ Signature \_\_\_\_\_

Comment \_\_\_\_\_

ACTION BY OFFICE OF THE REGISTRAR: LOA Effective as of (Date): \_\_\_\_\_

Request Processed By: \_\_\_\_\_ Date: \_\_\_\_\_

Student Notified By: \_\_\_\_\_ Date: \_\_\_\_\_

**APPENDIX II:**