

# LEAVE OF ABSENCE REQUEST

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**Student Name** \_\_\_\_\_ **SID #** \_\_\_\_\_ **Year Matriculated** \_\_\_\_\_

**Program**  M.Arch I  M.Arch II  M.E.D. **Current Year**  1  2  3 **Date** \_\_\_\_\_

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### Request Leave of Absence

**Medical Leave of Absence (LOA)** (doctor's letter required to be submitted separately)  
 Leave of Absence effective date \_\_\_\_\_

**Elective Leave of Absence**  
 For the  Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_  
indicate year                  indicate year                  indicate year

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Assistant Dean for Academic Affairs

Last date of Attendance: \_\_\_\_\_

### Explanation of Request (if more space is needed, attach additional page)

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**Alternative Contact Email Address** (while on leave) \_\_\_\_\_

Student Signature \_\_\_\_\_

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### RULES COMMITTEE

Meeting Date \_\_\_\_\_ Doctor's letter reviewed  Yes  No

**Final Action**  Approved  Disapproved **Hold For** \_\_\_\_\_

Comments \_\_\_\_\_  
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Approved by \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Chairperson Rules Committee

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