



Office of Research Education  
Request for Personal Leave of Absence

Student name: \_\_\_\_\_  
Student ID number: \_\_\_\_\_  
Degree Program: \_\_\_\_\_

Please confirm if the student has taken a previous LOA: \_\_\_\_\_  
If yes dates of previous LOA: \_\_\_\_\_

Requested start of LOA: \_\_\_\_\_ (Semester): \_\_\_\_\_  
Anticipated return from LOA: \_\_\_\_\_ (Semester): \_\_\_\_\_

Reason for LOA:

*Please note the plan for return (notify the program 2 months in advance of the planned return date and any expectations upon return).*

*Students interested in signing up for self-pay insurance while on LOA should fill out this form:*

[https://www.cusys.edu/EP/EPPRODUCD/UnityForm.php?form=AMC\\_CU\\_Trust\\_Student\\_Ins\\_Admin\\_-\\_Special\\_Enrollment](https://www.cusys.edu/EP/EPPRODUCD/UnityForm.php?form=AMC_CU_Trust_Student_Ins_Admin_-_Special_Enrollment)

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- I understand that my stipend will be suspended whilst I am on LOA, and my health insurance will terminate at the end of the semester in which I start the LOA.
- I understand I have the option to enroll in student health insurance at my expense while on LOA.
- I understand that I must work with my Program Administrator to drop classes or request an Incomplete grade.
- I understand this LOA may impact my student loans, and any deferment period, and I must contact the Office of Financial Aid.
- I understand that I must contact my Program Director and Program Administrator at least two weeks prior to my return from LOA.

Students Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_  
(not applicable for first year students)

Date: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

ORE Associate Dean Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CC: Program Administrator  
ORE Business Services Program Director  
Department DFA  
Registrar  
Graduate School