CU | Office of Research Education
SCHOOL OF MEDICINE
UNIVERSITY OF COLORADO **ANSCHUTZ MEDICAL CAMPUS**

Office of Research Education
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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:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

— 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: _____   Date: _____
(not applicable for first year students)

Program Director Signature: _____   Date: _____

ORE Assistant Dean Signature: _____   Date: _____

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