



Student Leave of Absence Request - SHP

Students: Please provide information requested in Section A. Please check box stating that the information you are submitting is true to the best of your knowledge. In addition to the check box, type your name in the box provided. This will be your electronic signature. This form can be submitted by saving the form to your computer and then submitting the form as attachment in an email to your advisor and/or department chairperson. Problems with the form can be directed to shp.academicaffairs@utmb.edu. All forms should be submitted to Academic & Student Affairs *no later than census date* of the start of the LOA. If you do not meet this deadline, you must reapply for admission.

Prior to your return to classes you will need to submit an Application for Reenrollment form found at <http://shp.utmb.edu/asa/Forms/Academic%20Forms/Application%20for%20Reenrollment.pdf>.

SECTION A - To Be Completed By Student

Student Name:

Last

First

Middle

Student ID#:

Please enter all 9 digits

Department: _____

I am requesting a Leave of Absence effective:

Start Date

To

End Date

I plan to return:

Term _____

Year _____

Type of leave requested:

Personal

Administrative

Reason for Request:

I understand that this request is subject to approval. All requests are subject to the rules and regulations set forth in the School of Health Professions Bulletin and the University of Texas Medical Branch General Information Catalog. I also understand that I will be withdrawn from all courses (incompletes will not be allowed) during the entire length of my leave of absence. In addition, I understand that student services and privileges provided to enrolled students will cease during the period of the leave. I also understand that I should not participate in any classes or school events, on or off campus during this time.

By checking this box, I certify that the information provided in this form is correct and true.

Typed Student Name (Acts as Document Signature)

SECTION B - SHP

Department - Please Note:

If student is currently enrolled, please submit:

- Class Schedule Change

Signature of Department Chairperson

Date

Please send form to the Office of Academic & Student Affairs by saving the document and submitting it as an attachment to shp.academicaffairs@utmb.edu.

Associate Dean for Academic & Student Affairs

Date

SECTION C - Enrollment Services

Financial Aid Clearance: _____

Registration Clearance: _____

Records Clearance: _____

Stamp Date Received Here