

Leave of Absence Request Form

Student's Name: _____

Student ID # _____

Beginning Date of LOA: _____

Returning Date: _____

The purpose of this leave of absence (please check one):

- Medical Personal Research Off Campus

If this is for research off Vanderbilt's campus, please provide an explanation.

APPROVALS:

DATE:

MENTOR APPROVAL:

DGS APPROVAL:

GRADUATE SCHOOL APPROVAL:

_____	_____
_____	_____
_____	_____

Mechanism of support for student during absence, if applicable (to be completed by student's mentor)

