



# School of Medicine Request for Leave of Absence

The University of Utah • Dean's Office • School of Medicine • 30 N 1900 E • Salt Lake City UT • 84132

Complete this form to request a leave of absence from the School of Medicine for one or more semesters and return it to the Associate Dean of Student Affairs, SOM 1C101 for approval.

1. A leave of absence may be granted for a maximum of one year at a time.
2. If you need to extend this leave of absence beyond a year, a new form must be submitted. If you do not enroll in the term following your approved leave of absence, you must apply to be readmitted to the School of Medicine.
3. If necessary, contact the Director of Student Affairs to drop/withdraw class(es) for the semester that you are requesting a leave of absence from.
4. It is your responsibility to contact the School of Medicine Student Affairs office 6 months prior to the start of the semester in which you intend to return so your registration may be coordinated.
5. Retroactive leaves of absences are not granted.
6. All medical students are enrolled in group disability insurance through the School of Medicine. Bi-annual insurance premiums are included in the cost of attendance and billed with Fall and Spring tuition. Students granted a leave of absence will be charged premium(s) by the University of Utah Income Accounting Office during the semester(s) they are granted a leave of absence. Payment is due by the standard University tuition deadline.
7. All medical students are required to have continuous health insurance from medical school matriculation until graduation. Proof of personal health insurance will be required at the start of each semester during periods of approved leave of absence.
8. If school enrollment will **NOT** continue during leave and you have student loans, you must obtain approval from School of Medicine Financial Aid.

**Note: A student who chooses to drop/withdraw from their class(es) should first determine the impact, if any, on insurance coverage, financial aid awards, loan repayments, etc., which may require evidence on the academic record of course completions and/or enrollments.**

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

I am requesting a leave of absence beginning: (check one)  Fall  Spring Year: \_\_\_\_\_

I know the leave of absence will expire prior to the start of: (check one)  Fall  Spring Year: \_\_\_\_\_

Reason for Leave of Absence: \_\_\_\_\_

**I understand that forms submitted without complete information or documentation will not be considered.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FINANCIAL AID APPROVAL OF LEAVE:

Approved  Denied \_\_\_\_\_  
School of Medicine Financial Aid Date

### DEAN'S OFFICE APPROVAL OF LEAVE:

Approved  Denied \_\_\_\_\_  
Associate Dean, Student Affairs Date

Updates:  Database  Student Listserv  IA, FA, Registrar

### FOR REGISTRAR'S OFFICE USE ONLY

Entered: \_\_\_\_\_ Verified: \_\_\_\_\_