

REQUEST FOR LEAVE-OF-ABSENCE

See Article 8.2 of the Graduate School Policy Handbook for Guidelines.



THE GRADUATE SCHOOL
OF BIOMEDICAL
SCIENCES
BAYLOR COLLEGE OF
MEDICINE

Student Name: _____ BCM ID #: _____

Graduate Program: _____ (Are you also in the MD/PhD Program? Yes No)

EFFECTIVE DATE OF LEAVE: ___/___/___ to ___/___/___ **One Year Maximum.**

REASON FOR LEAVE:

IF YOUR LEAVE-OF-ABSENCE BEGINS BEFORE THE END OF THE TERM: Registration at the time of the leave will be changed to "WITHDRAWN" unless "INCOMPLETES" are specifically requested by the Program Director, Major Advisor and Course Instructor(s). If "INCOMPLETES" are requested, a written plan for completion of the course work is required before the LOA can be granted.

I understand that if I do not register for the term following the end of my LOA, I will be ADMINISTRATIVELY WITHDRAWN unless a leave extension has been requested and approved.

Student's Signature: _____ Date Signed: _____

Forwarding Address: _____ Home Telephone: _____

_____ (____) _____
_____ Email Address: _____

REQUIRED APPROVALS

① MAJOR ADVISOR: _____
SIGNATURE DATE

② GRADUATE PROGRAM DIRECTOR: _____
SIGNATURE DATE

③ DEAN OF THE GRADUATE SCHOOL: _____
(signs after CLEARANCE PROCESS is completed) SIGNATURE DATE

(OVER)

LOA CLEARANCE PROCESS REQUIRED BY BAYLOR COLLEGE OF MEDICINE

STUDENT NAME: _____	BCM ID #: _____
LOA DATES: ____/____/____ to ____/____/____	

THE LEAVE-OF-ABSENCE FORM HAS BEEN REVIEWED AND APPROVED BY THE GRADUATE SCHOOL AND THE STUDENT MAY NOW PROCEED WITH THE CLEARANCE PROCESS.

Graduate School Date

SIGNATURES BELOW INDICATE DESIGNATED RESPONSIBILITIES HAVE BEEN MET

SIGNATURES MUST BE OBTAINED IN THIS ORDER	Signature	Date
Benefits (student med insurance) McGovern Campus, OW100 <i>During my LOA, I wish to __ CONTINUE or __ DISCONTINUE my student medical insurance. I understand that if I opt to continue my insurance, I am responsible for payment of the premium prior to the LOA directly to Chickering.</i>		
International Services Office – McGovern Campus, OW100 <i>For Foreign Students Only.</i>		
Student Account Services - Room T100 <i>Including all fees, and other charges on the student account</i> Collection of \$_____ is required to clear this account.		
Student Account Services- Room T100 Student Loans Collection of \$_____ is required to clear this account.		
Security – BCM 709D <i>ID badge turned in here.</i>		
Schol. & Student Financial Planning - N104 <i>If you have received Financial Aid, you may experience some waiting when you clear with this office. This process takes time. Please be patient.</i>		

COMPLETED FORM MUST BE RETURNED TO THE GRADUATE SCHOOL OFFICE BY THE STUDENT.

cc: Registrar, Graduate Program, Graduate School File

Rev: 01.10.08