

Leave of Absence Request Form

Policy Number and Subject: [Policy 402: Enrollment Requirements, Degree Time Limits, and Leaves of Absence](#)

Students who anticipate interrupting their degree program should consider requesting a leave of absence (LOA). Students who have an approved leave of absence maintain their student status within the School. The LOA “stops the clock” on the student’s degree program time limit restrictions. The LOA is granted for a maximum of 3 semesters. Students not planning to return should complete a [Program Withdrawal Form](#).

Students who receive financial aid should contact [Student Financial Services](#) and international students must contact the [Office of International Affairs](#) regarding their leave of absence.

Name: _____ Student ID: _____ Campus: _____

Degree: _____ Department: _____ Major: _____

Personal Email (non-UTHealth): _____
Requested as UTHealth email may become inactive during the leave.

Leave Start Term (semester & year): _____ Leave End Term (semester & year): _____

Reason for Leave:

Student, Printed

Student, Signature

Date

Faculty Advisor, Printed

Faculty Advisor, Signature

Date

Submit documents with signatures to:
Office of Academic Affairs and Student Services (SPHStudentRecords@uth.tmc.edu)

Office Use Only:

Office of Academic Affairs Representative, Printed
Plan Code: _____

Office of Academic Affairs, Signature

Date