



REQUEST FOR LEAVE OF ABSENCE

FORM MUST BE TYPED EXCEPT FOR SIGNATURES

Name: _____ Student ID: _____

Semester first enrolled at SPHTM: _____ Email: _____

Local Address: _____ Telephone: _____

Permanent Address: _____ Telephone: _____

Department: _____ Degree: _____

I am requesting a leave of absence for the following semesters: _____

I expect to return to Tulane for the Fall Spring Summer semester in 20 _____

Reason for Requesting a Leave of Absence:

Medical Personal Work/Practicum Other

Please explain (optional): _____

Are you an international student with a U.S. VISA: Yes No

If yes, you must contact OISS at (504) 865-5208

Please contact us at sphtmstudentservices@tulane.edu about a month before your return to update your student record. OISS must also be contacted if you're here on a VISA to release immigration record back to Tulane. As a student it is your responsibility to drop any classes that you will no longer be attending due to leave of absence.

All signatures are required:

Student Signature: _____ Date: _____

Academic Advisor Signature: _____ Date: _____

Department Chair Signature: _____ Date: _____

Department Signature: _____ Date: _____

Your department will submit to BOX for Associate Dean of Student Affairs signature.

Associate Dean for Student Affairs Signature: _____ Date: _____

Student Affairs: send copy to SPHTM Financial Aid Office and office of International Students and Scholars, if applicable