UAMS®
University of Arkansas for Medical Sciences

Request for Leave of Absence

Office of the University Registrar / 501-526-5600 / registrar@uams.edu

1. **Student Information**

   Student Name: _____   UAMS ID: _____

   Academic College/Program: _____

   Type of Request: ☐ Request to BEGIN a Leave of Absence (*Complete Items 1, 2, 4 and 5 only*)
   ☐ Request to EXTEND a Leave of Absence (*Complete Items 1, 2, 4 and 5 only*)
   ☐ Request to RETURN FROM a Leave of Absence (*Complete 1, 3 and 5 only*)

2. **Request for New ☐ or Extended ☐ Leave of Absence (check one)**

   LOA Start Term and Date (leave blank if *extending* LOA): _____

   Expected Return Term and Date: _____

3. **Request to Return From a Leave of Absence**

   Original LOA Return Date: _____

   Requested LOA Return Date: _____

4. **Attachments**

   Please attach the following documents to this request prior to submission:
   1) Written statement/reason for request (e.g., medical, financial, personal reasons)
   2) Documentation for request (optional) such as a doctor's note, etc. NOTE: Medical records or detailed health statements should *not* be submitted with this form.

5. **Signatures**

   By completing and submitting this form, you agree to the following statements:
   - This request is not approved/final until all steps are completed and it has been reviewed and signed by academic department officials, SFS-Financial Aid, and the Office of the University Registrar. Partially completed requests will not be honored.
   - A leave of absence may last no longer than one year, but may be extended for additional time upon approval by your academic department. To extend an LOA, submit a new *Request for Leave of Absence* form prior to the end date of the original leave, but not more than one month prior.
   - The type of LOA approved is determined by your academic department in consultation with Student Financial Services and the Office of the University Registrar. It is your responsibility to fully understand the type of LOA approved, including all academic and financial implications (e.g., financial aid, time-to-degree, etc.). You should consult with your academic advisor prior to

submitting a request for LOA. Details regarding the LOA policy are available in the *UAMS Academic Catalog*.

- A leave of absence must be submitted prior to the last day to drop a course for the semester. The related drop form is required if you are enrolled in courses for the semester. You are still subject to the add/drop and refund calendars for your program if classes are not dropped by the stated deadlines.
- A request to return from leave of absence is required before you are eligible to enroll in future semesters.
- Upon your return from LOA, you will confer with your program/academic advisor prior to enrollment to ensure satisfactory progression toward the degree.
- Upon your return from LOA, you may need to contact the UAMS Helpdesk to restore appropriate access to university systems such as badge-secured facilities, or other online systems.

Required Signatures

Student:_____ Date:_____

Program Director/Advisor:_____ Date:_____

Associate Dean:_____ Date:_____

SFS-Financial Aid:_____ Date:_____

University Registrar:_____ Date:_____

OFFICE USE ONLY

Type of LOA Approved: ☐ Official ☐ Institutional ☐ Departmental

FA Student Consultation Date:_____ FA Officer:_____

LOA/RLOA Applied by OUR Date:_____ OUR Officer:_____