

**KUMC SCHOOL OF MEDICINE
REQUEST FOR LEAVE OF ABSENCE (LOA) CHECKLIST
KUMC GRADUATE STUDENTS**

STEP 1

| | |
|----------------|---------------------|
| Name | Date |
| Program | Student ID # |

To the student: Before requesting your Leave of Absence (LOA), it is recommended that you consult with your mentor/advisor and/or Program Director. If you receive confirmation that the LOA is the best path forward, proceed to Step 2 of this Checklist. For Step 3, you must complete the section on Detailed Information for Leave of Absence Request. Finally, for Step 4, you will submit all forms, required documentation, and supporting documentation to your Program Director for final approval before it is sent to the Office of Graduate Studies. The Office of Graduate Studies will then pass the information to the Office of the Registrar, and your LOA status will be entered into Enroll and Pay.

STEP 2

It is your responsibility to understand how this Leave of Absence request may affect Financial Aid, Residency Status, Health Insurance and Enrollment. You are required to obtain the signature of each individual below indicating that you have met with them and have been apprised of your obligations.

| REGISTRAR | Dept./Contact Signature and Date |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Residency Status | |
| If you are absent from Kansas for less than 60 months (5 years) and return to Kansas after your LOA, you may retain your in-state residency status. Both in-state and out-of-state students are subject to all normal residency regulations. | |
| Email | |
| A student on LOA will retain campus account access. | |
| Health Insurance | |
| If you are currently enrolled in the student health insurance plan, your coverage will remain active for the duration of the term in which you are enrolled. Once your coverage expires, you will not be eligible to re-enroll in the plan while on your LOA (unless you are pursuing another KUMC program). | |
| FINANCIAL AID | |
| Discuss the following questions: How long did the student attend? What happens to loans that are already borrowed? What are the loan repayment options? How can financial aid be obtained upon returning from the LOA? What are the procedures for deferring loans for half-time enrollment when a student returns? | |

All LOA requests must be approved by your department Program Director. Next, the Office of Graduate Studies will review the request. If approved, the Office of Graduate Studies will forward the forms and documentation to the Office of the Registrar. The Registrar will update your status to LOA in Enroll and Pay.

Any second or subsequent request for an LOA requires a new LOA Request Form to be completed. It will not be approved until all steps of the process are complete.

Please be assured that all of your LOA information will be held in strictest confidence.

**KUMC SCHOOL OF MEDICINE
DETAILED INFORMATION FOR LEAVE OF ABSENCE REQUEST**

STEP 3

| | |
|----------------|---------------------|
| Name | Date |
| Program | Student ID # |

Please complete all items after the checklist has been completed. You will need to submit the checklist, this detailed information page, and any other required/supporting documents to your department.

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> I will take my of Leave of Absence starting: <ul style="list-style-type: none"> <input type="checkbox"/> Fall 20_____ <input type="checkbox"/> Spring 20_____ <input type="checkbox"/> Summer 20_____ | <input type="checkbox"/> The duration of my Leave of Absence will be: <ul style="list-style-type: none"> <input type="checkbox"/> 1 semester <input type="checkbox"/> 2 semesters <input type="checkbox"/> 3 semesters* |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

The number of semesters will be determined in consultation with your Program Director.

*Per the policy of the Office of Graduate Studies, 3 is the maximum numbers of semesters (or 1 year), including the summer semester, for a Leave of Absence request. A new request can be filed if more time is needed. The number of LOAs allowed by your program may vary; consult with your Program Director for more details. Graduate Studies calculate time to degree by semester, so the number of semesters is the number that will not be counted toward time to degree.

Type of Leave of Absence requested

- ___ Administrative (action taken by Academic committee or Associate Dean)
- ___ Medical
- ___ Personal

- Contact information where I may be reached during my LOA, and a second contact (parent, spouse, etc.) that will know how to reach me:
 - 1)
 - 2)

By signing below, I acknowledge that I have completed all steps necessary for my Leave of Absence request. All policies associated with the LOA are understood and have been discussed with my department administration.

| | | |
|--------------------------|-----------------------------|-------------|
| Student Signature | Student Printed Name | Date |
|--------------------------|-----------------------------|-------------|

STEP 4

By signing below, I approve this student's Leave of Absence after having discussed the reasons, justification, and plan moving forward.

| | | |
|-----------------------------------|--------------------------------------|-------------|
| Program Director Signature | Program Director Printed Name | Date |
|-----------------------------------|--------------------------------------|-------------|

| | |
|------------------------|-------------|
| Name of Program | Date |
|------------------------|-------------|

| | | |
|-------------------------------------------|----------------------------------------------|-------------|
| Dean of Graduate Studies Signature | Dean of Graduate Studies Printed Name | Date |
|-------------------------------------------|----------------------------------------------|-------------|

When the appropriate signature(s) are affixed, and the indication is that the student has been approved for a Leave of Absence, a copy of this form will be forwarded to the Office of the Registrar for their action (enrollment, fees, financial aid, health insurance, etc.).

ADMINISTRATIVE USE ONLY Date _____ Initials _____