



Touro College of Osteopathic Medicine

Harlem Middletown Montana

LEAVE WITHDRAWAL TRANSFER (Touro Campuses ONLY)

Program: DO Path-A Masters of Science

Leave of Absence (LOA) _____ Voluntary Withdrawal _____

LOA Type: Medical Compassionate Academic Parental Military Research

NAME _____
Last First Middle

ADDRESS _____
Street City State Zip Code

TELEPHONE (_____) _____ Student ID # _____ CLASS OF _____
(REQUIRED)

Citizenship or Visa Status (circle one) _____ US Citizen/Permanent Resident Visa N/A
Semester of Leave (circle one) _____ Fall Spring 20 _____
Expected Semester of Return (LOA ONLY) _____ Fall Spring 20 _____
Last day of class/Clinical Rotation participation (if requested after semester started) _____
Please specify rotation(s) completed _____

Reason for request _____

PRIOR TO LEAVING CAMPUS IT IS NECESSARY TO OBTAIN THE FOLLOWING SIGNATURES

Preclinical Dean Date
Student in good standing Y___ N___

Director of Financial Aid Date
Student in good standing Y___ N___
Reportable LOA ___ Non-Reportable LOA___

Clinical Dean Date
Student completed Rotation(s) Y___ N___
(Please provide copy of Schedule with Rotation(s) completed)

Bursar Date
Student in good standing Y___N___

Dean of Student Affairs Date
Student in good standing Y___ N___

Dean & CAO Date
Student in good standing Y___N___

Student understands that the terms of their leave are governed by the requirements of the Student Handbook. Student further acknowledges the Maximum Time Frame rule, which states that all degree requirements must be completed within six years following the date of matriculation. Student also acknowledges that should I choose to withdraw from the program and wish to re-enter later, I must re-apply for admission and, if accepted, assume the status of a new student. Student acknowledges that they are required to contact the Registrar's office at least 30 days prior to returning to school. Student understands that withdrawal from the Program may trigger tuition and/or financial aid repayment liability. Leave of absence extensions must be approved by the Program Director, Dean and Dean for Student Affairs. A leave of absence is not effective until this form is properly completed and delivered to the Office of the Registrar and recorded in the system of records. Until you are notified by the Office of the Registrar that the leave has been approved, you should assume that you are expected to fulfill your academic and or financial responsibilities.

Student's Signature

Date of Request

ACTION BY OFFICE OF THE REGISTRAR:

Student notified by _____
Request Processed by _____

Date _____
Date _____