



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) [Initial Extended] 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 Date
Request Processed by Date