



REQUEST FOR LEAVE

First Name: _____ Last Name: _____ MSM ID Number: _____

Program: _____ Date of Birth: _____ Cell Phone Number: _____

Morehouse School of Medicine's Email Address: _____

Alternate Email Address (required): _____

Semester for which you are seeking a medical withdrawal (Current Term): Fall/Spring/Summer [Year]

Last date you attended class: _____

Anticipated Return: _____

Type of Leave: Personal Medical Other _____

Leave of Absence Information

- Students who fail to return from an approved leave of absence will be withdrawn from MSM.
• Students who fail to register without approval for a leave of absence will be withdrawn from MSM.
• Please note that if you are registered for courses, you will be withdrawn for the term that you request a leave of absence. The date that you completed and signed the form is submitted to the Registrar's Office and will be used to assess any possible tuition refund.
• Prior to taking a leave of absence, you are strongly advised to contact your advisor and/ or your program director.
• A leave of absence may jeopardize your financial aid status; contact the Student Fiscal Affairs Office for details.
• Are you continuing Health Insurance during the period of this leave of absence? Yes or No
o If yes, you will need to make payment arrangements with the Finance Office.

I understand the policies and procedures associated with the requested leave.

If you receive financial aid, please contact the Financial Aid Office to understand the implications of taking a leave: 404-752-1655, studfisc@msm.edu.

Financial Aid Signature Date Student Accounts Signature Date

Registrar Signature Date OILAS Date

_____ Aise Cannon 04/11/2024

Student Signature Date

Dean of Student Affairs

MSM's LOA policy can be found in the student handbook beginning on page 146: https://www.msm.edu/Current_Students/StudentHandbooks.php

Form with checkboxes for Approved, Denied, and Pending.