

Leave of Absence Request Form

Requesting a Leave of Absence

Please review the <u>Leave of Absence Policy (LOA)</u> and submit the completed request form to your academic advisor within the required timeframe in order to be considered for Leave of Absence from your academic program.

Documentation should be submitted to your academic advisor, in person, by email, or by mailing it directly to the Office of Student Affairs.

Mailing address: Maryland University of Integrative Health

Attn: Office of Student Affairs

7750 Montpelier Rd Laurel, MD 20723

Name:		ID #		
Email:		Phone:		
Program:				
Have you completed o	ne full trimester at MUIH	at the time of this request?	☐ Yes	□ No
Are you in good financ	ial standing with the Libra	ary and the University?	☐ Yes	☐ No
Have you consulted wi	th Financial Aid if applicab	ole?	☐ Yes	□ No
Is this LOA request in	relation to accommodation	ns with Disability Services?	☐ Yes	□ No
If yes, have you filed a	n official request with you	ur Academic Advisor?	☐ Yes	□ No
•	•	y and then complete the apporting documentation to you	•	•
Please indicate the ter	m and year of your reques	st to begin the Leave of Abso	ence:	
☐ Fall	☐ Spring	_ Summer		
Your leave of absence	will be terminated at the e	end of the trimester indicate	d above, at	which

time you will be required to register for classes and commence with your program.

Reason for Leave of Absence Request:				
Students should speak to the Finance department and, if applicable, the Director of Financial Aid about any financial implications involved with taking a leave of absence. A student who stops attending courses at Maryland University of Integrative Health without an approved LOA and without withdrawing will receive the grades they have earned in all registered course(s) and will be withdrawn from their program and the University after one full trimester of inactivity.				
Students who are not enrolled in consecutive trimesters become inactive (i.e. are not registered for or taking courses towards the completion of their degree program; or are not on approved LOA; or who are not finished with a degree program or are pending a graduation audit), and will be administratively withdrawn after one trimester of inactivity.				
Students on LOA are required to adhere to the contract deadlines for submitting in work.	ncomplete			
Student Signature: Date:				
Office of Student Affairs Use Only				
Office of Student Affairs Use Only LOA Form Received by:				
LOA Form Received by:				
LOA Form Received by: Name:				
LOA Form Received by: Name: Signature: Date:				
LOA Form Received by: Name: Signature: Date:				
LOA Form Received by: Name: Signature: Date: □ Electronic acknowledgement sent to student LOA request is: □ Approved □ Denied				
LOA Form Received by: Name: Signature: Date: LOA request is: Approved Denied COS submitted to registrar				
LOA Form Received by: Name: Signature: Date: LOA request is: Approved Denied COS submitted to registrar				