



Leave of Absence Form

To petition for a Leave of Absence (LOA), a student must meet with their Faculty Advisor and complete the Leave of Absence form. For undergraduates, filing a LOA is primarily a declaration process. Conditions of the LOA are handled by the individual programs with review by the Program Director. See the current catalog at www.cdrewu.edu/registrar for the current LOA policy prior to submitting this request.

Complete this form to take a Leave of Absence (LOA) from Charles R. Drew University of Medicine and Science. A **LOA may jeopardize your financial aid status**. Contact Financial Aid at finaid@cdrewu.edu for details. Note that a LOA cannot be more than 180 calendar days.

Student Information

Student ID #: _____ Program: _____ Date: _____
 Student First Name: _____ Student Last Name: _____
 Primary Telephone Number: _____ Personal Email Address: _____

Leave of Absence Information

Leave Begin Date: Term and Year: __Spring__ __Summer__ __Fall__ 20____
 Leave Return Date: Term and Year: __Spring__ __Summer__ __Fall__ 20____
 Reason for Leave of Absence:
 __Academic__ __Financial__ __Medical__ __Personal__ __Military__ __Other

Explain your reason in more detail on the next page and provide any supporting documents as an attachment.

Approvals

Program Advisor: _____ Date: _____
 Program Director/Department Chair: _____ Date: _____
 Dean: _____ Date: _____

Comments/Requirements governing return, if any:

Student Signature/Certification

I am formally requesting a Leave of Absence (LOA) from Charles R. Drew University of Medicine and Science for the semester noted above. I understand that if I am requesting this Leave of Absence after the add/drop period for the current semester, I will be liable for all or a portion of charges for the current semester. I understand that a LOA may place me behind my classmates, delay my expected completion date and impact my financial aid package.

Student Signature _____ Date: _____

↓ Office of Registration and Records - Office Use Only ↓			
Date Received		Date Processed	
Request Received by:			
<input type="checkbox"/> Fax <input type="checkbox"/> Letter <input type="checkbox"/> In-person <input type="checkbox"/> Email <input type="checkbox"/> Online			
Registration and Records Official Signature: _____			
LDA: _____ DOD: _____ NSLDS: _____			



Charles R. Drew University of Medicine and Science • Office of Registration & Records
1731 East 120th Street, Los Angeles, CA 90059 Phone: (323) 563-4838 Fax: (323) 563-4837

Use this space to elaborate on your request for a LOA in more detail. Please provide additional supporting documentation as an attachment.