

SCHOOL OF PUBLIC HEALTH LEAVE OF ABSENCE REGISTRATION FORM

Semester	Year
<input type="radio"/> Fall	_____
<input type="radio"/> Spring	_____
<input type="radio"/> Summer	_____
INTERNATIONAL STUDENT?	
<input type="radio"/> YES	<input type="radio"/> NO

GWID	LAST NAME	FIRST NAME	EMAIL ADDRESS
RESIDENTIAL/ ONLINE	STUDENT LEVEL	STUDENT MAJOR/DEGREE	REGISTRATION STATUS
	<input type="radio"/> UNDERGRADUATE <input type="radio"/> GRADUATE		<input type="radio"/> I do not have any HOLDS preventing my registration.

Leave of Absence (LOA) Registration Requirements

A degree student who finds it necessary to interrupt active pursuit of the degree may petition their advising office for a leave of absence for a specific period of time, generally limited to one calendar year. A degree student who discontinues active enrollment in degree studies without being granted a leave of absence, or a student granted a leave who does not return to active study at the close of the period of approved absence, must apply for readmission and be subject to the regulations and requirements then in force. The right to the use of University facilities is suspended while the leave is in effect.

Leave of Absence is being granted for one of the following reasons (please indicate only one):

- | | |
|---|---|
| <input type="checkbox"/> Receive mental health/medical assistance | <input type="checkbox"/> Federal Government Foreign Aid Service (e.g., Peace Corps) |
| <input type="checkbox"/> Fulfill family responsibilities | <input type="checkbox"/> Official Church Mission |
| <input type="checkbox"/> Paid work for financial reasons | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Military Service/Called to Active Duty (do not include students already on active duty who are transferred to another posting) | |

This form is intended for use by GWSPH undergraduate and graduate students and must be submitted with all required signatures to gwsphrecords@gwu.edu

STUDENT
I verify that I have read the LOA Registration Requirements (above) and that I am responsible for any outstanding accounts balance.
Signature: _____ Today's Date: _____

AUTHORIZED SCHOOL OFFICIAL
<input type="checkbox"/> Prior to start of the semester OR Effective Date: ____/____/____
Signature: _____ Today's Date: _____