

**The University of Toledo - College of Medicine  
Leave of Absence Extension Request Form**



**Name:** \_\_\_\_\_ **Class year:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** ( ) \_\_\_\_\_ **Pager:** ( ) \_\_\_\_\_

**Dates of previously approved LOA:** \_\_\_\_\_ to \_\_\_\_\_

**Beginning Date:** \_\_\_\_\_ **Ending Date:** \_\_\_\_\_

**Type of Leave (Check one):** **Medical** **Academic** **Financial** **Personal** **Administrative**  
      
(Physician's letter required)

**Reason for Request:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Activities during leave:** \_\_\_\_\_  
\_\_\_\_\_

**Additional comments:** \_\_\_\_\_  
\_\_\_\_\_

**Course directors to notify:** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Recommended: \_\_\_\_\_  
Associate Dean for Student Affairs \_\_\_\_\_ Date \_\_\_\_\_

Approved: \_\_\_\_\_  
Dean, College of Medicine \_\_\_\_\_ Date \_\_\_\_\_

ORIGINAL: Registrar

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