

The University of Toledo – College of Medicine
Leave of Absence (LOA) Request Form



Name: _____

Rocket Number: _____ Current Class Year: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Pager: () _____

COM Matriculation Date: _____ Beginning Date of LOA: _____

Expected Return Date: _____

Type of Leave (check one):

- Medical (Physician's letter required) Academic Financial Personal Administrative

Reason for Request: _____

Activities during Leave: _____

Do you need health insurance? _____

Student Signature _____ Date _____

Mandatory Exit Interview for Financial Aid Recipients
Date Completed: _____
Please contact the Financial Aid office at (419) 383-4574

Recommended for Approval: _____
(Associate Dean for Student Affairs) _____ Date _____

Final Approval: _____
(Dean, College of Medicine) _____ Date _____

Additional Comments: _____

