



Southwest College of Naturopathic Medicine and Health Sciences

Leave of Absence

Student's Name: _____

SSN: _____

Address: _____

Phone: _____

Effective date of LOA: _____ Anticipated date of return: _____
(Cannot exceed 180 calendar days)

Reason for LOA: (medical, maternity, personal, etc.)

Original Clinic Credits _____ Original Didactic Credits _____ Total Credits _____

(1 rotation = 2 Crs)

Revised Clinic Credits _____ Revised Didactic Credits _____ Total Credits _____

(1 rotation = 2 Crs)

Original Registered Credits _____ Total Completed Credits _____

Student Signature

Date

Dean of Students Signature

Date

Associate Registrar Signature

Date

Clinical Coordinator Signature *(If Applicable)*

Date

Director of Financial Aid Signature

Date

Bursar Signature

Date

V.P. of Academic Affairs Signature

Date

Registrar Signature

Date

All signatures must appear on this form for the Leave of Absence Request to be complete

An institution may grant one leave of absence (LOA) for up to a total of 180 calendar days within a 12 month period. Because a student on a leave of absence is not considered withdrawn, the "return of Title IV funds" provision does not apply unless the student fails to return to school at the end of the LOA, at which time, the student's loans and in-school deferments will revert to a repayment status

Request to extend or return from Leave of Absence (not to exceed 180 days):

Actual/Revised date of return: _____

Student's Signature: _____ Date: _____

Approved: _____ Declined: _____ Date: _____

Registrar's Signature