



## Request for Leave of Absence

St. Matthew's University  
12124 High Tech Avenue  
Suite 290  
Orlando, FL 32817

Print form, complete requested information, and return to SMU at the address or fax number listed at the bottom of this form.

1. Only one LOA may be granted during Basic Science and only one may be granted during Clinical Science.
2. Granting of LOA is based on the Dean's judgment that the issue is likely to be resolved during the period of the LOA.
3. The LOA registration is incomplete until an approved form has been submitted to the Registrar's office and the student has completed online registration. A student may not electronically register for LOA semester without an approved signature on this form.
4. The LOA lasts for one semester only. At the conclusion of the LOA semester the student must register for the next semester or he/she will be withdrawn for non-registration.

### PLEASE COMPLETE THIS FORM IN FULL AND SUBMIT TO YOUR DEAN FOR APPROVAL:

Last name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Student I.D. # \_\_\_\_\_

Med Student    Vet Student    Basic Science    Clinicals

Semester:    Fall    Spring    Summer   Year \_\_\_\_\_

### PER STUDENT POLICY, THE LOA MAY BE REQUESTED FOR :

Hardship (self or family)    Medical (self or family)    Financial    Educational opportunity

### PICK ONE OF THE ABOVE AND FULLY EXPLAIN THE DETAILS:

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I understand that I am responsible for all fees for the Leave of Absence, including the Student Health Insurance fee unless approved to waive the insurance. Fee information is available on [http://www.stmatthews.edu/med\\_tuition-and-fees.shtml](http://www.stmatthews.edu/med_tuition-and-fees.shtml) and [http://www.stmatthews.edu/vet\\_tuition-and-fees.shtml](http://www.stmatthews.edu/vet_tuition-and-fees.shtml). I understand that once approved for a Leave of Absence, I must also register online for the Leave of Absence and I must do so during the posted registration period (late registration fees may apply).

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Date**

Senthil Kumar, MD, Dean, Basic Sciences, School of Medicine Date  
Karen Rosenthal, DVM, MS, Dean, School of Veterinary Medicine  
Terrence Reid, Associate Dean of Clinical Students, School of Medicine

Grand Cayman students: Hand deliver or fax to the **Dean Med fax** 345.945.3130 **Vet Med fax** 345.745.3130  
Clinical students: Fax to Terrence Reid at 800.565.7177 or 407.488.1702  
Deans will fax/scan a signed/approved copy to the Registrar at 800.565.7177/407.488.1702 or [registrar@stmatthews.edu](mailto:registrar@stmatthews.edu).

Veterinary students should first obtain a signature approval from Dr. Shields \_\_\_\_\_

Dean Approved: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICIAL USE ONLY:

Form Received Date: \_\_\_\_\_

Date Processed: \_\_\_\_\_