



School of Medicine

Leave of Absence Request Checklist

Student Name: _____
Please print

WSU ID: _____
(Nine digits beginning with 00)

Requested Type of Leave (please check one):

Administrative

Medical-To provide medical documentation from my physician

Personal

Educational-To provide a project description and an acceptance letter

Requested Leave Duration: Starting on _____ Returning on _____

Current Academic Year: I am currently an MI M2 M3 M4 student (check your current level)

I have completed and received credit for the following courses this academic year:

Upon My Expected Return from this Leave, This academic year Next academic year
I would BEGIN RESUME coursework as an MI M2 M3 M4 student

Courses needed to complete at my current level:

Expected Graduation Date: This leave WILL WILL NOT change my expected graduation year.

Please specify if a new expected graduation year _____

Health Insurance

I am not currently enrolled in one of the School's Health insurance plans

I am currently enrolled in one of the School's health insurance plans AND

I wish to continue my health insurance while on leave

I will submit a cancellation form to the Office of Records and Registration (318 Mazurek)

Review of Leave Information

I have read the information provided in the *Leave of Absence Policies and Information Packet* and agree to supply all requested information and complete all required steps.

I do not receive financial aid (To be confirmed by the Financial Aid Office)

I receive financial aid and will meet with someone from the Financial Aid Office

Signature _____

Date _____

FINANCIAL AID OFFICE ONLY

This student is not on financial aid

This student has received exit counseling and other financial aid information as required

Signature of Financial Aid Officer _____

Date _____

(Return to Margit Chadwell, M.D., F.A.A.F.P. Associate Dean)