

Department of PA Medicine

909 Wilson Road,
West Fee, B419
East Lansing, MI 48824
517-353-2460 (Phone) 517-353-2499 (Fax)

Instructions:

1. Complete and attach letter explaining reason for request.
2. Submit request form and letter of explanation to: info@pa.com.msu.edu
3. Contact the Office of Financial Aid (517-353-5940) to discuss impact leave will have on you (e.g. current loans, additional semester(s) of tuition charges, etc.)
4. Contact the Student Insurance Office (517-353-4434) to discuss impact leave will have on your coverage.
5. Before approval is granted you will be required to provide documentation supporting your request.
6. A meeting will be scheduled once all documentation is received and reviewed to discuss implications of request.

NOTE: An approved leave will not supersede a student's academic standing determination at the end of each semester. Additionally, required courses completed prior to an approved leave of absence will be included in the determination of a student's academic status.

Student Information: Please PRINT

Student name: _____ Phone: (_____) _____ - _____

Date Leave is to begin: _____ Email: _____

Duration of Leave: _____

Is this request for an extension to an existing leave of absence? Yes No

Reason Leave Requested:

- Health/Medical
- Family/Personal
- Military
- Financial
- Pursue Additional Degree
- Research

Signature: _____ Date: _____

PA Medicine Leave of Absence Request Review:

The above noted student's request for a leave of absence has been: Approved Denied
The leave will begin on ___/___/___ (Semester ____). The student will return to the College on ___/___/___ (Semester ____) and join the Class of _____. The student must notify the College Registrar in writing no less than 30 days prior to the return date to active enrollment (info@pa.com.msu.edu).

PA Medicine Authorized Signatory: _____ Date: _____