

STUDENT LEAVE OF ABSENCE FORM

Name: _____ Banner ID: _____

Mentor(s): _____ Program: **PhD** **MSTP**

Concentration(s): _____

Type of Leave: Medical LOA Parental LOA Personal/Academic LOA
(Check One) Doctor's Note Required (Paid 60 days) (Unpaid)
(Paid 60 days)

Effective Date of LOA: _____ Anticipated Date of Return: _____

Comments: _____

STUDENT CONTACT INFORMATION WHILE ON LEAVE:

Address: _____
Street (Include Apt #) City State Zip

E-Mail: _____ Phone: _____
Non-Einstein E-mail Address (Include Area Code)

Student Signature _____ Date _____

Note: If you are on the Einstein Student Health Plan, please contact the Benefits Office regarding your student benefits while on leave.

APPROVAL AND ACKNOWLEDGEMENT SIGNATURES:

_____ Mentor Signature	_____ Date	_____ Manager, International Services (if applicable)	_____ Date
_____ Home Org. Administrator Signature	_____ Date	_____ MSTP Director (if applicable)	_____ Date
_____ Basic Science Dept. Administrator Signature	_____ Date	_____ Asst. Dean, Student Finance	_____ Date
_____ Assoc. Dean for Graduate Programs	_____ Date		

Submit the completed and signed form to the Graduate Office: Belfer 202 or gradregistrar@einsteinmed.edu.

For Office Use Only

EPAF Completed: _____ Banner Student Record Updated: _____ Housing Notified: _____
Date Date Date