



<b>Leave of Absence / Withdraw Form</b>		<b>Date:</b>
<b>Student Information</b>		
Student Name:		Program Enrolled:
Permanent Address:		
Present Address:		
Forwarding Email:		
<b>*It is the responsibility of the student to inform the EVMS Office of the Registrar and the Program of changes in an address and /or email.</b>		
Leave of Absence	Reason for Leave: <input type="checkbox"/> Health <input type="checkbox"/> Financial <input type="checkbox"/> Academic <input type="checkbox"/> Military <input type="checkbox"/> Other  Leave of Absence will be for <input type="checkbox"/> Fall ____ (yr) <input type="checkbox"/> Spring ____ (yr) <input type="checkbox"/> Summer ____ (yr)  What was or will be the last date you attended classes at EVMS _____ month/day/year  I plan on returning in the <input type="checkbox"/> Fall ____ (yr) <input type="checkbox"/> Spring ____ (yr) <input type="checkbox"/> Summer ____ (yr)  Date of Return (please enter the actual return date) _____ month/day/year  Change in graduation date? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, new date _____	
Withdrawing from EVMS	Reason for Withdrawal <input type="checkbox"/> Health <input type="checkbox"/> Financial <input type="checkbox"/> Academic <input type="checkbox"/> Military <input type="checkbox"/> Other  I am planning to withdraw <input type="checkbox"/> now <input type="checkbox"/> end of current enrollment period  What was the last date you attended classes at EVMS _____ month/date/year	
Contingencies	Contingencies for leave or return are appended YES <input type="checkbox"/> NO <input type="checkbox"/>	
I understand that taking a leave of absence or withdrawing from EVMS may affect my loan repayment terms, including the expiration of my grace period. I have met with representatives from the Office of Financial Aid, Office of Financial Services and the Registrar's Office to discuss my Leave of Absence or Withdrawal. I also understand that if I fail to return to EVMS at the end of the approved leave of absence, I will be considered withdrawn from EVMS as of the start of my leave of absence.		
Student Signature	Date	
<i><input type="checkbox"/>Approved <input type="checkbox"/>Disapproved</i>		
<b>Health Profession Program Director Signature</b>	<b>Date</b>	
<b>Vice Dean for Academic Affairs or Associate Dean for Student Affairs Signature</b>	<b>Date</b>	

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Registrar Signature

Date

Oracle Updated  Notification sent via PDF

Distributed via PDF to: Accounts Receivable, Financial Aid Office, Student Loan Office, Business Management

## Compliance Requirements for a Leave of Absence and Return to EVMS

Student Name:

Date:

*Your leave of absence from EVMS and/or return to EVMS is contingent upon the following requirements. Your status will not be officially changed until all requirements are fulfilled by the indicated date. **This form must be appended to the Leave of Absence (LOA) form and/or the Return from Leave form if contingencies are indicated on the LOA form.***

### Academic Progress

Meeting with Student Progress Committee or Program Director no later than:

Date:

Developing an Academic Plan, completed and signed by necessary authorities no later than:

Date:

### Medical Documentation

#### Proof of medical fitness

Written documentation from a relevant healthcare provider indicating you are fit to return to full academic duties, including seeing patients (if applicable) as of a specified date. **Please append written documentation.**

#### Treatment Plan

Written documentation from a \_\_\_\_\_ (medical specialist) indicating you have been treated and are expected to adhere to the following treatment plan. Documentation must include:

- Inclusive dates and frequency of treatment prior to return
- Frequency of medical appointments with specified provider upon return

- Medications (name and dosage)
- Other
- Written permission from you for any of the above providers to communicate with EVMS faculty listed below:

\_\_\_\_\_

Name

\_\_\_\_\_

Email

\_\_\_\_\_

Name

\_\_\_\_\_

Email

**(Please append a copy of your treatment plan to this form)**

### Compliance Requirements

*Please append written documentation of completion of the following or provide a signature from an EVMS Compliance regulator indicating completion of a required training module.*

- Proof of influenza vaccine for the current academic year
- Bloodborne Pathogen Training renewal      Signature: \_\_\_\_\_
- Basic Cardiac Life Support      Signature: \_\_\_\_\_
- Advanced Cardiac Life Support      Signature: \_\_\_\_\_
- Human Subjects Research CITI Training      Signature: \_\_\_\_\_
- Others as specific by Program      Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Program Signature: \_\_\_\_\_