



**University of Mississippi Medical Center  
John D. Bower School of Population Health  
International Travel-Leave Request Form**

---

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

Student Full Name\*: \_\_\_\_\_

Student Number: \_\_\_\_\_ Program: \_\_\_\_\_

**Explanation of Travel:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Destination of Travel: \_\_\_\_\_ Number of Days: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Date of Return: \_\_\_\_\_

---

**SOPH Policy on International Travels for Non-Citizen Alien Students**

*Non-citizen alien students receiving a graduate school stipend will be given a maximum of 3 weeks leave time for international travel. Travel that extends beyond 3 weeks will require the student to take a leave of absence and financial support will be immediately suspended. Financial support will resume at the beginning of a new pay period once the student returns to school. Any exceptions to this policy will be handled on an individual basis. For additional information regarding this policy, please contact the Office of the Dean.*

---

Student Signature

---

Date

---

Program Director Signature

---

Date

---

Supervisor/Advisor Signature

---

Date

---

Director of Business Operations

---

Date

---

Dean, John D. Bower School of Population Health

---

Date