



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

Student Full Name*: _____

Student Number: _____

Program: _____ Year: _____

Reason for Leave of Absence (LOA): _____

Effective LOA Date**: _____

Last Date of Attendance: _____

Expected Return Date: _____

**Insert legal name regardless of the name known by in the School.*

***May be different from the date the LOA request is submitted.*

I, _____, understand that by submitting this form I am requesting a Leave of Absence from the John D. Bower School of Population Health at the University of Mississippi Medical Center.

Student signature: _____ Date: _____

Program Director: _____ Date: _____

SOPH Dean, or designee: _____ Date: _____