



Washington University in St. Louis

SCHOOL OF MEDICINE

REQUEST FOR LEAVE OF ABSENCE

Students requesting a Medical Leave of Absence (MLOA), must first contact Student Health Services & fill out the Medical School's MLOA Form.

Name: _____ Student ID#: _____
(Last) (First) (Middle Initial)

Expected semester of leave: _____

Expected semester of return: _____

Reason for requesting leave of absence:

- Attend another U.S. college or university (name of institution): _____
- Participate in non-WU study abroad (program name/location): _____
- Other (list reason): _____

Contact information during leave:

(Street) (City) (State or Province) (Zip)

(Country) (Email) (Phone)

Please Note:

The loss of student status for any leave may have serious implications for some students in areas such as health insurance coverage, student loans and loan deferrals, student employment, F-1 and J-1 visa statuses, rental of University properties, and University funding.

Signature of Student: _____

To have your leave approved, this request must first be signed by your graduate program advisor and approved by the WUSM Registrar.

Department Use Only:

Approval Signature: _____ Date _____

Date Leave is Effective (start date): _____

Is student enrolled for classes next semester?

If yes, drop courses? _____ Yes _____ No

If leaving mid-semester, Drop Course Work:

_____ With a "D" (does not appear on transcript)

_____ With a "W" (appears on transcript)

Comments: _____

Medical School Use Only:

Notification of Leave sent to:

_____ Student

_____ Department

_____ Instructors

_____ Courses Dropped

_____ Assistant to Dean (remission)

_____ Financial Aid

_____ OISS (Students with F-1 visa only)

_____ LOA Milestone online (1008)

_____ MP Closed

_____ Date Completed

Return this form to: The Registrar's Office
Washington University School of Medicine, 660 S Euclid, Box 8021, St. Louis, MO 63110
Physical Address: Becker Library, Suite 220
Phone: 314-362-6848 Fax: 314-362-4658
wusmregistrar@wustl.edu

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