

## REQUEST FOR LEAVE OF ABSENCE

Student Name: \_\_\_\_\_ ID Number: \_\_\_\_\_ Program: \_\_\_\_\_

Campus: \_\_\_\_\_ Concentration: \_\_\_\_\_ Semester/Year Admitted to Program: \_\_\_\_\_

Current GPA: \_\_\_\_\_ Term(s)/Year Leave Requested (Be specific): \_\_\_\_\_

**NOTICE TO STUDENT: IF YOUR REQUEST STEMS FROM PERSONAL MENTAL HEALTH AND/OR PHYSICAL HEALTH CIRCUMSTANCES PLEASE DO NOT COMPLETE THIS FORM. INSTEAD PLEASE SUBMIT THE REQUEST FOR MEDICAL LEAVE OF ABSENCE FOUND HERE: <http://www.ucdenver.edu/anschutz/studentresources/student-assistance/student-wellbeing/Pages/medical-leave.aspx>**

This form is intended for students seeking a leave of absence for reasons other than mental health and/or physical health. Please refer to the Leave of Absence policy in the student handbooks.

Please complete items 1-3 below and sign, obtain signatures from your Advisor or Concentration Director, and return this form to the Office of Academic Affairs for further processing.

1. Have you been on a LOA through the CSPH for any other term/s: If Yes No  
If yes, please indicate term/year: \_\_\_\_\_

2. State the reason for requesting a LOA (any supporting documentation may be attached):

3. Are you registered for any CSPH class/es during the semester/s you are requesting a LOA? Yes No  
(If yes, you will need to drop or withdraw from these courses before this request can be processed.)

### Student's Responsibilities:

- I understand if I am registered for classes, it is my responsibility to officially drop/withdraw from these classes before this request can be processed.
- I understand if I request a LOA after the designated drop/add period, I am responsible for full payment of tuition.
- I understand if I am receiving Student Financial Aid that I must contact the Office of Student Financial Aid, Ed2 North, 3<sup>rd</sup> floor, [financial.aid@ucdenver.edu](mailto:financial.aid@ucdenver.edu), 303-724-8039.
- I understand that I am to contact the Office of Academic Affairs to request my return.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor/ Director Signature

Approve / Deny

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Dean Signature

Approve / Deny

\_\_\_\_\_  
Date

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**For Colorado SPH USE ONLY**

This student has been approved to return from his/her Leave of Absence for the following semester/year:

\_\_\_\_\_  
Associate Dean Signature

\_\_\_\_\_  
Date

Please return form to:

Email: [ColoradoSPH.AcademicAffairs@ucdenver.edu](mailto:ColoradoSPH.AcademicAffairs@ucdenver.edu)

Office of Academic Affairs  
Mail Stop B119 Fitzsimons Bldg  
13001 East 17<sup>th</sup> Place, Room C3004  
Aurora, CO 80045

Phone: 303-724-8877