

Leave of Absence (LOA) Requests

I. Excerpt from 8.1 Leave of Absence (LOA) Policy

A leave of absence may be granted by the Graduate Programs to continuing graduate students in good academic standing, who have completed at least a trimester at Cedars-Sinai. A leave is normally granted for periods of one to six months. Leaves may be extended for a total of one year at the request of the student, on the recommendation of the department and/or laboratory involved, and with the approval of the Graduate Program.

For additional details, please refer to the Graduate Research Education Policy Handbook.

II. Instructions

A Graduate Student who wishes to request a LOA must first confer with their Department Head and/or Manager of GRE and relevant offices (e.g. Student Financial Services) regarding the impact of a LOA on your academic, work-related, and personal circumstances; and Confer with your Department Head and/or Manager GRE about what, if any, conditions may be placed on your reinstatement after the LOA.

If after the above review and consultation, you choose to request a LOA,

1. Complete the Leave of Absence form (include supporting documentation)
2. Obtain signatures of your Department Head, Manager of Graduate Research Education and financial advisor
3. Submit signed form to the Registrar's Office for processing*.

*Incomplete applications will be returned. PLEASE ALLOW UP TO 72 HOURS FOR PROCESSING.

Important Notes

- > **When to submit the request:** You should submit the LOA form to the Graduate School before the last day of classes for the trimester for which the LOA is requested.
- > **International student:** You must contact the VIC team to determine what, if any, impact the LOA will have regarding your legal status.
- > **Reinstatement after LOA:** If you obtain an approved LOA, you are eligible for reinstatement provided you:
 1. Apply for reinstatement via the Reinstatement Form;
 2. Apply for reinstatement to the same major and degree you requested the LOA from,
 3. Request for reinstatement for the term/year indicated on the approved LOA form.
- > **Notification:** Submitting the LOA form to the registrar does not guarantee that the request has been approved, however, an email indicating the decision sent to the student and those that signed does; The official LOA is official only after receiving email notification from the Academic Registrar's office.



Submit all forms to:

Alysia Caldwell
Academic Registrar
GRERegistrar@csmc.edu

GRADUATE SCHOOL OF BIOMEDICAL SCIENCES

Leave of Absence (LOA) Request Form

Name: _____
Last *First*

Program:

Mailing Address while on leave:

Email address while on Leave:

Proposed Term and Year for LOA to Begin:

Proposed Term and Year of Return from LOA:

Type Of Leave: Personal Maternity Academic Other

Reason for Leave of Absence (attach separate sheet if more room is required):

By signing this form, I declare I have read, understand and agree to abide by the policies and procedures set forth:

Student Signature *Date*

Department Head Printed Name *Department Head Signature* *Date*

Manager of GRE Printed Name *Manager of GRE Signature* *Date*

To be completed by the Graduate School		
_____	Approved	Denied
<i>Academic Registrar's Signature</i>		_____ <i>Date</i>