

## 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:** Continued registration (fall and spring) is a requirement for both the MPH and DrPH programs in the Colorado School of Public Health. If a student needs to interrupt his/her progress in the School and the interruption does not exceed one year (two academic semesters and one summer term), it is recommended that the student - who is in good standing and has every intention of returning to the School within this specified timeframe - requests a Leave of Absence rather than formally withdrawing. A request in excess of one year during the tenure of a student's education is typically not approved.

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

1. Have you been on a LOA through the CSPH for any other term/s:      Yes                      No

If yes, please indicate term and 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 Student Affairs to request my return.

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

\_\_\_\_\_  
Date

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

Approve / Deny

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Dean for Student Affairs 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 for Student Affairs Signature

\_\_\_\_\_  
Date

Please return form to:  
Office of Student Affairs  
Mail Stop B119  
Building 500  
13001 East 17<sup>th</sup> Place, Room E3360  
Aurora, CO 80045  
Email: [CSPH.studentaffairs@ucdenver.edu](mailto:CSPH.studentaffairs@ucdenver.edu)  
Phone: 303-724-4613