

Leave of Absence Notice

MEDPREP Student Progress System

Name

Date

I will be taking a leave of absence during the period indicated below. I understand that the activities in which I am engaged during my absence will be considered by the Student Progress Committee in its evaluation of my progress in MEDPREP. I understand that I am entitled to a leave for only one semester while in the program, and if I cannot return to the program directly after the approved Leave of Absence, that I will have to withdraw from the program.

Leave Dates

Start: _____
Month Date Year

End: _____
Month Date Year

Contact Information

Street Address Apartment Number

City State ZIP Code

Telephone Number Primary E-mail

Reasons for taking a leave of absence:

Intended activities during leave of absence:

Current courses and grades to date:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please return this completed form to:

Chair, Student Progress Committee
MEDPREP
Wheeler Hall Room 210
Mailcode 4323
Carbondale Illinois 62901

Student Signature Date

Advisor Signature Date