

Request For Leave of Absence-Overview

(See [BCM Policy 23.1.12](#) for guidelines)

Graduate School of Biomedical Sciences

LOA Request Overview



LOA will not be approved until all steps have been completed in full. Allow a minimum of 5 business days to complete arrangements for LOA. Leaving BCM before all LOA procedures are complete may result in being placed on involuntary LOA and significant delays in return to academic program.

Part 1

First year students should list Tonya Routt (Tonya.Routt@bcm.edu; x8-7876) as their HR administrator. All other students should consult with your primary advisor to identify your HR administrator.

Part 2: Types of Leave of Absence & Required Documentation (completed by student)

See [BCM Policy 23.1.12](#) for additional examples & information on supporting documentation.

LOA Type	Examples
Academic	Supplemental coursework
Medical*	Health issue, wellness concerns
Personal	Illness/Death of family member, financial hardship
Professional Development	Internship, starting job before graduation

* Requires documentation from licensed treating medical professional. Contact Dean to determine where documentation should be submitted. Do not attach medical documentation to this form.

Part 3: Academic Re-Entry Plans (completed by graduate program)

Plans must address each of the three following topics.

1. Assessment of current academic status. For example:

Current academic difficulties (coursework and/or research), if any
Plans to change mentor/leave laboratory (if applicable)
Pending requirements or other deadlines

2. Requirements to be satisfied prior to re-entry. For example:

Notification of intent to return to school dean (carolyns@bcm.edu), if required.
Notification of intent to return to program administrator and others (*e.g.* mentor, program director)
Activities or assessments to be completed prior to return from LOA, if any (*e.g.* identification of rotation mentor)
Identification of source of stipend/health insurance support (*e.g.* if not provided by a primary mentor)

3. Academic plan at re-entry & requirements to be satisfied. For example:

Initiation of specific academic activities (*e.g.* specific course registration, start lab rotation)
Timing of QE, if applicable
Timeline for thesis defense and/or graduation, if applicable
Submission/completion of academic work (*e.g.* manuscript or dissertation)



Request For Leave of Absence – Part 1
 (Parts 1-4 must be completed in their entirety before LOA will be effective)
Graduate School of Biomedical Sciences

Student Name: _____ **BCM ID#:** _____

Graduate Program: _____ **Are you MD/PhD** YES NO

Requested dates of leave: _____ to _____ (One Year Maximum)

Type of Leave:

Academic Medical Personal Professional Development

HR Administrator Name: _____ **Email:** _____ **Phone #** _____

Student Contact Information:

Current Address: _____ **BCM Email:** _____

_____ **Cell Phone:** _____

Alternative Address: _____ **Alternate Email (e.g. gmail):** _____

_____ **Alternate Phone:** _____

My signature below signifies my understanding of the following:

- For any leave of absence that begins before the end of the term, Registration at the time of leave will be changed as follows:
 - Courses not completed will be dropped from your record.
 - A research grade for Research Rotations, Special Projects or Dissertation will be obtained from your current mentor, and credit hours calculated accordingly.
- I am required to monitor my BCM Email Account.
- I am required to contact my program administrator 30 days prior to my return to graduate school.
- I must abide by the academic plan and re-entry requirements specified on the Re-Entry Plan.
- If I do not register for coursework (and/or a research course) within one week following the end of my approved LOA, I will be administratively withdrawn from Graduate School unless a leave extension has been requested and approved.
- I understand that this LOA will not become effective until all parts of the request (parts 1-4) have been completed in full, and that I am responsible for submission of the completed form to GSBS.
- I understand that leaving BCM before all LOA procedures are complete may result in being placed on involuntary LOA and delay in resumption of academic studies.

Student Signature: _____ **Date:** _____



Request For Leave of Absence – Part 2
Justification for Leave (to be completed by Student)
Graduate School of Biomedical Sciences

Student Name: _____ BCM ID# : _____

Requested dates of leave: _____ to _____ (One Year Maximum)

Select the LOA category and provide a justification (see overview for additional information). Please enter justification in the box below or attach on a separate sheet and sign.

Academic

Medical (Do not attach medical documentation to this form)

Personal

Professional Development

Student Signature: _____ Date: _____

Request For Leave of Absence – Part 3
Academic and Re-Entry Plans (completed by Graduate Program)
Graduate School of Biomedical Sciences

Student Name: _____ BCM ID#: _____

Requested dates of leave: _____ to _____ (1 Yr Maximum) US Citizen Yes No

Plan for Student Re-Entry: To be developed by Graduate Program in consultation with Student, Major Advisor and GSBS. Outline below or attach a signed plan. See the LOA Overview for topics that must be addressed.

STUDENT: _____
Signature Date Printed Name

MAJOR ADVISOR: _____
Signature Date Printed Name

PROGRAM DIRECTOR: _____
Signature Date Printed Name

GSBS DEAN: _____
Signature Date Printed Name

IMPORTANT: This LOA is not effective until all signatures have been obtained and entire completed form (parts 1-4) have been returned to the Graduate School. Leaving BCM before all LOA procedures are complete may result in being placed on involuntary LOA and significant delays in return to academic program.

**Request For Leave of Absence – Part 4- Clearances
Graduate School of Biomedical Sciences**

Student Name: _____ BCM ID#: _____

FOR GRADUATE SCHOOL USE ONLY:

APPROVED DATES OF LEAVE: _____ to _____ (One Year Maximum)

The Request for Leave of Absence (Parts 1-3) has been reviewed and approved by the Graduate School and the student may now proceed with the clearance process.

Signature _____ Date _____ Printed Name _____

SIGNATURES BELOW INDICATE DESIGNATED RESPONSIBILITIES HAVE BEEN MET

	Signature	Date
SIGNATURES <u>MUST</u> BE OBTAINED IN THIS ORDER		
Benefits (student med insurance) O’Quinn Medical Tower, 6624 Fannin, Suite 1800, 713-798-1500 <i>During my LOA, I wish to <input type="checkbox"/> CONTINUE or <input type="checkbox"/> DISCONTINUE my student medical insurance. I understand that if I opt to continue my insurance I must complete a Student Continuation of Insurance while on Leave of Absence form with the Benefits office upon checkout. I also understand that my first payment for premium is due to the Benefits office within 31 days of my leave date.</i>		
International Services Office – O’Quinn Medical Tower, 6624 Fannin, Suite 1800 <i>Required for non-U.S. citizens including U.S. permanent residents</i>		
Student Financial Aid - N104 (713) 798-4603 Monday – Friday 8:00am-5:00pm <input type="checkbox"/> Federal Loan Exit Counseling www.studentloans.gov		
Student Account Services – O’QUINN TOWER Email form to sas@bcm.edu for signature <input type="checkbox"/> BCM Loan Exit Counseling <input type="checkbox"/> Account Paid in Full		
Security – BCM 108H <i>ID badge turned in here.</i>		

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