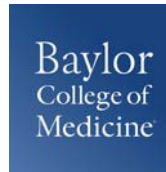


Leave-of-Absence EXTENSION

(See Article 8.2 of the Graduate School Policy Handbook for Guidelines)

Submit to Graduate School N204



THE GRADUATE SCHOOL OF
BIOMEDICAL SCIENCES

BAYLOR COLLEGE OF
MEDICINE

Student Name: _____ BCM ID #: _____

Graduate Program: _____ Are you also in the MD/PhD Program Yes No
US Citizen Yes No

Dates of Current LOA:	From: _____ to _____
Dates of <u>Extension Request</u> :	From: _____ to _____

LOA Extensions must be Approved by the Dean

REASON FOR EXTENSION OF LOA:

Student Signature	_____	_____
	<i>Signature</i>	<i>Date</i>

<u>Departmental Approvals</u>		
Program Administrator:	_____	_____
	<i>Signature</i>	<i>Date</i>
Financial (SAP) Administrator:	_____	_____
	<i>Signature</i>	<i>Date</i>
ISO (if non-US citizen)	_____	_____
	<i>Signature</i>	<i>Date</i>
Major Advisor	_____	_____
	<i>Signature</i>	<i>Date</i>
Program Director	_____	_____
	<i>Signature</i>	<i>Date</i>

THIS FORM MUST BE SUBMITTED TO THE GRADUATE SCHOOL PRIOR TO THE END OF ORIGINAL LOA.

<u>GSBS Approvals</u>		
Dean of the Graduate School	_____	_____
	<i>Signature</i>	<i>Date</i>