



Leave of Absence-EXTENSION

(See Article 8.2 of the Graduate School Policy Handbook)



This form is submitted to gsbs-forms@bcm.edu or in the Graduate School dropbox in Room N204

Student Name: _____ BCM ID #: _____

Graduate Program: _____ Are you in the MD/PhD program? Yes No

Leave of Absence Details

Dates of Current Leave of Absence: From: _____ to _____

Dates of Extension Request: From: _____ to _____

Reason for Extension Request for Leave of Absence

Required Approvals before Submission

	<u>Printed Name</u>	<u>Signature</u>	<u>Date</u>
Graduate Program Administrator:			
Financial (HR) Administrator:			
International Services <i>(if applicable)</i> :			
Major Advisor:			
Graduate Program Director:			

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

GSBS Approval after Submission

Graduate School Authorizing Signature:		
	<small>Signature</small>	<small>Date</small>