MEDICAL UNIVERSITY OF LUBLIN – ENGLISH DIVISION

APPLICATION FOR ACADEMIC LEAVE OF ABSENCE



FULL NAME:	
INDEX NUMBER:	
ADDRESS:	
E-MAIL ADDRESS:	
I am applying for an Academic Leave of Absence for the period from:	
/[MM/DD/YYYY] to/[MM/DD/YYYY	<i>[</i>]
The reason for requesting a leave:	
I have completed weeks of clinical rotations. (number of weeks)	
STUDENTS WHO PARTICIPATE IN THE FEDERAL DIRECT STUDENT AID LOAN PROGRAM UNDER TITI U.S. HIGHER EDUCATION ACT OF 1965, AS AMENDED MUST BE AWARE THAT PURSUANT TO THE REGU THE US DEPARTMENT OF EDUCATION THEIR 6-MONTH GRACE PERIOD IS COUNTED FROM THE DAY THE LAST DAY OF CLASSES AS SCHEDULED IN THE ACADEMIC CALENDAR (E.G., FOR CLASSES LASTING OF APRIL IT WOULD BE 1ST OF MAY).	JLATIONS OF FOLLOWING
 Students who do not return from an Academic Leave of Absence at the specified time will be ac withdrawn, effective at the termination of the LOA period. Withdrawn students will have to pay the registration fee of \$500 to be reenrolled. 	lministratively
Requests for an Academic Leaves of Absence must be submitted to the Dean's Office by completing this form. To be forwarded to the appropriate Dean for approval. Academic Leaves of Absence are not valid until they are fully recorded by the University Registrar and a confirmation has been received by the student. Submission of forms to Registrar and confirmations may be conducted by fax. All students returning from an authorized absence must report to the Registrar and must pursue the curriculum the subject to all policies that are in force at that time, and must pay the current tuition and fees. Similarly, students we enrollment or are readmitted to the School after any period of absence are also subject to all policies and tuition are effect.	processed and the University en in effect, be who defer their and fees then in
I have read and understand the University regulations regarding Academic Leaves of Absence as specified he University Rules and Regulations. I understand that all students must report to the Registrar's Office upon returning to school.	ere and in the
STUDENT'S SIGNATURE	DATE
FOR OFFICE USE ONLY	

VICE DEAN FOR ENGLISH DIVISION

HEAD DEAN

Date:

Date: