

**INSTRUCTIONS**

*All students requesting a Leave of Absence from the College of Osteopathic Medicine are required to meet with the Office of Student Affairs prior to completing this form. Upon approval, students must also meet with the Office of Financial Aid to discuss any impact taking an LOA may have on scholarships and/or student loans. The completed form with all required signatures must be submitted to the Office of the Registrar for processing. The effective date of the LOA is the date the form is received in the Office of the Registrar. Students must submit their intent to return in writing to the University Registrar within thirty (30) calendar days of the anticipated return date.*

**STUDENT INFORMATION**

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ CHSU Email: \_\_\_\_\_

Last Day of Attendance: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expected Return Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**REASON FOR LEAVE OF ABSENCE (Select only one)**

Academic

Medical

Military

Personal

Research

*Please provide any additional comments*

**REQUIRED SIGNATURES**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Dean of Student Affairs

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean's Signature (or Designee)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office of Financial Aid

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office of the Registrar

\_\_\_\_\_  
Date Received

## University Exit / Separation Form

All Students who have finalized their official withdrawal or separation from California Health Sciences University (CHSU) must complete the following checklist as part of the CHSU exit process. Students who have been suspended or on a leave of absence, must also complete the exit/separation form and checklist as part of their temporary separation from CHSU.

Students must return this form, along with all CHSU property, to the College Office of Student Affairs or the Security Office in person or by mail or delivery service to: California Health Sciences University, 2500 Alluvial Avenue, Clovis, CA 93611.

### EXIT CHECKLIST OF ITEMS TO BE RETURNED TO CHSU:

Student ID Card access Badge and metal name tag

Student Parking Hang Tag

White Coat

HoloLens (for OMS-I only)

Any items belonging to the CHSU Library

Any items belonging to CHSU's IT Department

Other, please indicate any items not listed above: \_\_\_\_\_

In signing this form, I understand that my withdrawal may result in financial repercussions. I understand that my financial aid may be adjusted based on the percentage of time I was enrolled in the semester. I understand that withdrawing from CHSU may affect THE repayment status of my student loans. I may be required to complete Exit Counseling if I have received Federal loans. I ACKNOWLEDGE THAT I HAVE BEEN strongly advised to contact the Business Office regarding my student account and the Financial Aid Office if I have received any loans or scholarships.

I understand that part of my exit/separation from CHSU I must return all CHSU property, along with this signed form. I also understand all services provided by CHSU during my enrollment will be terminated as of the effective date of my official withdrawal /separation from CHSU.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Return form and CHSU property to the CHSU College Office of Student Affairs or the Security Office.**

Date Received by Office of Student Affairs: \_\_\_\_\_

Received By: \_\_\_\_\_

Items not returned: \_\_\_\_\_