



Leave of Absence (LOA) Request

Student Full Name: _____

Email: _____ Phone Number: _____

Address: _____
Street Apt. # City St Zipcode

Date: _____ Last 4-Digits SSN: _____

Degree: MSAc MSAcHM DAc DAcHM MSAc/DAc MSAcHM/DAcHM

LOA Start Date: _____ LOA Return Date: _____

Reason for LOA:

I guarantee to return on this date _____. I certify this to the best of my knowledge. It is my understanding that I must participate in early registration. In the event that I do not return on the above date or within 180 days I will be withdrawn from PIHMA.

Steps to Take Before Leaving School:

- Meet with Student Accounting Office to determine your tuition account status
- Meet with Financial Aid Office to obtain **Refund and return of Title IV Funds** policies.
(Required in the event that your do not return on the expected date of return.)

Student Signature Date

For Office Use Only: SA: _____ FA: _____ Reg: _____