

SHORT-TERM LEAVE OF ABSENCE REQUEST FORM

Short-Term Leave of Absence (STLOA) is defined as a leave of less than 8 weeks. Please complete this form giving as much information as possible. Once completed, email the request to: Maurice.Clifton@utrgv.edu

Name: _____ MS _____ Phone: _____ UTRGV ID#: _____

I am requesting a STLOA to start on _____ through _____, for a total of _____ days.

Reason for Request

- Emergency (may be completed upon return)
- Bereavement
- Medical
- Religious Observance
- Family Matters
- Military Duties
- Other:

Explanation for Request

During my requested STLOA, I am scheduled in the following course (module/rotation) _____, which starts on _____ and ends on _____ the Course Director is _____.

I understand that if approved, I will follow the conditions of approval, if any.

Student's Signature: _____ Date: _____

For Office of Student Affairs use only:

- Approved (See Conditions below, if any)

- Denied (See Reason for Denial below)

Signature: _____ Date: _____
Senior Associate Dean for Student Affairs or Designee

Recipient Initials: _____ Date: _____ Entered into Progress IQ _____