

SHORT-TERM LEAVE OF ABSENCE REQUEST FORM

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

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

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

Reason for Request

- | | |
|---|---|
| <input type="checkbox"/> Emergency (may be completed upon return) | <input type="checkbox"/> Bereavement |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Religious Observance |
| <input type="checkbox"/> Family Matters | <input type="checkbox"/> Military Duties |
| <input type="checkbox"/> 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** _____