

# Student Leave of Absence Request Form

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For a printable copy visit link: [Leave of Absence Request](#)

Send completed form in a WORD or PDF format (photos not accepted) to: [LMUCVM.ClinicalRelations@LMU.net.edu](mailto:LMUCVM.ClinicalRelations@LMU.net.edu)

Student Name: \_\_\_\_\_ Class Year: \_\_\_\_\_

Student ID: \_\_\_\_\_ Todays Date: \_\_\_\_\_

Absence Type: \_\_\_\_\_ Planned \_\_\_\_\_ Unplanned \_\_\_\_\_ Unexcused

Requested Absence Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Total Number of Days Missed: \_\_\_\_\_ Number of hours missed: \_\_\_\_\_

Hours needed to be made up: \_\_\_\_\_

Reason for Absence (Attach separate sheet if necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Course Make-up Plan (Attach separate sheet if necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Course Number of Rotation: \_\_\_\_\_ Clinical Rotation Block Number \_\_\_\_\_

Clinical Course Location Name: \_\_\_\_\_

Clinical Site Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Site Supervisor Name (print): \_\_\_\_\_

Clinical Relations and Outreach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Relations and Outreach Name (Print): \_\_\_\_\_