

Graduate College Academic Leave of Absence (LOA) Policy



Policy

Students may request a leave of absence from their graduate studies for up to but not to exceed 12 consecutive months (three consecutive academic terms). The request must be approved by their graduate advisor, the department Chair or program director, and the Graduate College Dean. Students on probationary status, if granted a leave of absence, will resume their probationary status upon return from their leave. Students receiving financial aid may be required to return a portion of the aid. They must check with their financial aid officer. Graduate assistants must be terminated from their appointment during the academic leave of absence.

Effect on Expected Graduation

The LOA has no effect on time limits for expected graduation. Time limits for expected graduation for master's students can be found in Section 3.5.2 and for doctoral students in Section 4.6.3 in the [Graduate College Bulletin](#).

Procedure

Provide to the Graduate College the following:

1. Completed Graduate College Request for Long Term Leave (next page)
2. Completed campus '[Student Leave Request](#)' form.
3. Completed [Withdrawal Request](#) form if leave will start during a semester.
4. Attach a memo from the physician if the need is for medical leave.

Final decisions concerning requests for long-term Leave of Absence will be communicated to students, mentors and programs in writing from the Graduate College Dean.

Health Insurance

Students may retain health insurance at their own expense while on LOA.

Procedure to Retain Health Insurance

1. Before signing the LOA request forms (items 1-3 above), the student should contact the Graduate College Business Manager to discuss details of the process.
2. Student should contact Academic Health Plans (a subsidiary of BlueCross BlueShield, 1-888-924-7758) as soon as the leave is approved.
3. Student pays the insurance premiums.

From the Graduate Assistant Pay Policy

Any time a GA/GRA goes on an academic Leave of Absence they must also be terminated as a GA/GRA in HR.

Procedure

Complete the attached form and obtain necessary signatures.

Attach documentation that leave is necessary.

OUHSC Graduate College



**Student Request for Long-Term Leave of Absence
(up to 12 months)**

Student name: _____ **Request date:** _____

Program: _____

Expected dates of leave: _____ to _____

Reason for requesting leave (attach documentation if requesting medical leave):

I understand the following:

- 1. My GRA appointment will be terminated while I am on leave**
- 2. I will withdraw from all courses in which I am enrolled.**
- 3. I have consulted with the Financial Aid office**
- 4. I wish to retain my current student medical insurance at my personal expense**

Student signature: _____

Approvals

Mentor name (if applicable): _____ **Mentor signature:**

Program Comments:

Program Director name: _____
or Dept. Chair

Signature:

Graduate College Dean signature:

Approval Date: _____