

Scholarship Office Personal or Medical Leave of Absence Request

Complete the information below and return to the Scholarship Office, 201 Wilder Tower. You will be notified by email regarding your request for a Personal or Medical Leave of Absence. Prior to completing this form, please be advised that a Personal or Medical Leave of Absence may be granted for the following reasons:

Name:		Date Submitted:				
Last	First	Middle				
U ID Number:		Phone Numb	er:			
Mailing Address:						
Street			City	State	Zip Code	
* E-mail Address (Requi	red):					
Name of Scholarship:			Major:			
Most Recent Term GPA: GPA / TERM			Cumulative GPA:			
Leave Semester:			Return Semester:			
Extreme finance To fulfill a reli Participation in program in wh Other extraord student creates	cudent or illness or death cial hardship of the stude gious commitment expect an internship or co-op pich the student is enrolled in any circumstances beyon a substantial hardship	nt or student's increase of all student or or student or or student or	nmediate fa ts of that fa equired or en control wh	mily ith ncouraged as pa ere continued a		
absence. 2. Enclose copies of spsychologists, etc.	ed detailed summary of the supporting documentation (a) For departmentally coord with official departmental	e circumstances ch (such as a death ce linated internships	ertificate or s	for which you a tatements from n dorsed by the Un	nedical doctors, advisors, iversity of Memphis, please	
I certify that all of the above	re statements and attached	documentation are	true and acc	curate.		
Student Signature:						
	eave Decision					