



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER.
Office of the Registrar

Leave of Absence Request Form

Student Name: _____ Student R Number: _____

Term _____ School/Program _____

Contact Number: _____ Email Address (not TTUHSC) _____

TTUHSC Email: _____

Type of Leave: ☐ Academic ☐ Administrative ☐ Medical ☐ Military ☐ Personal

Leave Start Date: _____ Return from Leave Date: _____

Supporting Documentation ☐ Attached ☐ Not Applicable

Justification _____

Student Acknowledgment:

I understand that during my leave of absence, I may not have access to certain campus facilities and services. I acknowledge that it is my responsibility to contact my school's Student Affairs Office if I need to extend my leave, if I plan to return earlier than anticipated, or if I plan on not returning.

Student Signature _____ Date _____

ALL ELECTRONIC SIGNATURES ARE REQUIRED FOR THIS CHANGE TO BE VALID

Instructor/Program Director _____ Date _____

Associate Dean/School Designee _____ Date _____

Registrar Staff _____ Date _____