



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 \_\_\_\_\_

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ALL ELECTRONIC SIGNATURES ARE REQUIRED FOR THIS CHANGE TO BE VALID

Instructor/Program Director \_\_\_\_\_ Date \_\_\_\_\_

Associate Dean/School Designee \_\_\_\_\_ Date \_\_\_\_\_

Registrar Staff \_\_\_\_\_ Date \_\_\_\_\_