# Student Name:

Leave-of-Absence EXTENSION

*(See Article 8.2 of the Graduate School Policy Handbook for Guidelines)*

Submit to Graduate School N204

BCM ID #:

**THE GRADUATE SCHOOL OF BIOMEDICAL SCIENCES**

**BAYLOR COLLEGE OF MEDICINE**

Graduate Program:

Are you also in the MD/PhD Program 🞏Yes 🞏No

 US Citizen 🞏Yes 🞏No

**Dates of Current LOA:**

**From: to**

**Dates of Extension Request:**

**From: to**

LOA Extensions must be Approved by the Dean

**REASON FOR EXTENSION OF LOA:**

**Student Signature**

***Signature Date***

|  |
| --- |
| **Departmental Approvals** |
| **Program Administrator:** | ***Signature*** | ***Date*** |
| **Financial (SAP) Administrator:** | ***Signature*** | ***Date*** |
| **Major Advisor** | ***Signature*** | ***Date*** |
| **Program Director** | ***Signature*** | ***Date*** |

**THIS FORM MUST BE SUBMITTED TO THE GRADUATE SCHOOL PRIOR TO THE END OF ORIGINAL LOA.**

**Dean of the Graduate School**

**GSBS Approvals**

***Signature Date***

FOR GRADUATE SCHOOL USE ONLY

Copy to: Registrar, Graduate Program, Graduate School File Revised: 06.6.18