Leave of Absence Request

(Please Print)

TAMIU ID	Last Name	First Name	MI	Contact Number

Address (Street/City/State/Zip)	Anticipated Graduation Date	College	Major

Student Level	Requesting a LOA Starting	Semester of Return
☐ Undergraduate ☐ Graduate	☐ Fall ☐ Spring Year: _____	☐ Fall ☐ Spring Year: _____

Reason for Leave *(explain below)*:

_____

_____

_____

_____

Are you an International Student with an F1 or J1 visa? ☐ **Yes** ☐ **No**

**Serious immigration consequences may result from withdrawing or dropping below full-time enrollment status. International students with an F1 or J1 visa whose drop or withdrawal will result in less than full-time enrollment must obtain advising from the Office of International Engagement in the Student Center, Suite 124. For more information, visit the Office of International Engagement or call 956-326-2282.*

Office of International Engagement Signature:	Date:

Are you a student athlete? ☐ **Yes** ☐ **No**

**Student-athletes must notify Athletic Compliance about leave so that they may review athletic status. For more information, visit Athletic Compliance at KCB 107 or call 956-326-2732.*

Athletic Compliance Signature:	Date:

Do you have a Financial Aid hold? ☐ **Yes** ☐ **No**

**Students awarded certain financial aid face consequences due to an extended leave period and must obtain financial aid advising from the Office of Financial Aid in the Zaffirini Success Center, Suite 214. For more information, visit the Office of Financial Aid or call 956-326-2225.*

Office of Financial Aid Signature:	Date:

Do you have a Business Office hold? ☐ **Yes** ☐ **No**

**Students with financial holds may be given consideration for a LOA if authorized by the Bursar's Office. For more information, please visit the Bursar's Office ZSC 137 or call 956-326-2140.*

Bursar's Office Signature:	Date:

Student Signature: _____ **Date:** _____

For College Use Only

☐Approved ☐ Denied _____
Department/Advisory Committee Chair's Signature Date

☐Approved ☐ Denied _____
College Dean's Signature Date

☐Approved ☐ Denied _____
Dean of Graduate School Signature *(if applicable)* Date

Additional information or documents required by student:

Once signatures have been obtained, return form to:
Office of the University Registrar • Zaffirini Student Success Center - 121 • Laredo, TX 78041-1900 • (956) 326-2250

For Registrar's Office Use Only

Received by: _____ Date: _____ Processed by: _____ Date: _____