



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
<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate		<input type="checkbox"/> Fall <input type="checkbox"/> Spring Year: _____		<input type="checkbox"/> Fall <input type="checkbox"/> 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: _____

<i>For College Use Only</i>	<i>Additional information or documents required by student:</i>
<input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Department/Advisory Committee Chair's Signature Date	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ College Dean's Signature Date	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Dean of Graduate School Signature (if applicable) Date	

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

<i>For Registrar's Office Use Only</i>			
Received by: _____	Date: _____	Processed by: _____	Date: _____