

**MD/MPH LOA Request****Date:** \_\_\_\_\_

Dr. Bartholomew,

I would like to formally request a leave of absence from the UT School of Public Health MPH program for \_\_\_\_\_ semesters, beginning \_\_\_\_\_ (i.e. summer 2010). The primary reason for my request is to:

- ☐ Concentrate on my medical school courses
- ☐ Medical reasons
- ☐ Family concerns
- ☐ Travel opportunity

My "A" number is: \_\_\_\_\_

I understand that this LOA is in effect only during the semesters requested. I also understand that I will not have access to my UTSPH email account and library privileges during this time. Prior to my return, I will contact the registrar's office before registration begins for that semester.

Thank you for your time,

Sincerely,

\_\_\_\_\_  
Signature\_\_\_\_\_  
Printed Name (include middle initial)\_\_\_\_\_  
Advisor's Signature