

**TULANE UNIVERSITY'S MD/MPH COMBINED DEGREE PROGRAM
LEAVE OF ABSENCE REQUEST FORM**

Name (please print) _____ SSN _____

Mailing address: _____

Email address: _____ Phone _____

Semesters planned to enroll in MPH Coursework during leave of absence:

Spring _____(year) Summer _____(year) Fall _____(year)

Date scheduled to return to the School of Medicine: _____

Reason for request for leave of absence:

Student's Signature _____ Date _____

Approvals:

School of Medicine

MD/MPH Program (School of Medicine and SPHTM)

M. Kahn, MD

M. A. Krousel-Wood, MD, MSPH

Associate Dean of Student Affairs

Assistant Dean

Failure to accurately complete this form and obtain appropriate signatures from the School of Medicine and School of Public Health & Tropical Medicine may result in irreversible billing fees.

MD/MPH Students are financially responsible for all tuition and fees associated with the School of Public Health & Tropical Medicine during the approved leave of absence.

**Copy: Dean Boston, SPHTM Student Affairs
Mike Goodman, Financial Aid
Colette Raphel, Registrar**