



RICHARD M. FAIRBANKS
SCHOOL OF PUBLIC HEALTH

Leave of Absence Notification

TO BE COMPLETED BY MPH AND MHA STUDENTS

The purpose of this form is to certify that the student has left the university for a period of time due to their inability to perform the essential functions associated with their appointment as a student within their graduate program.

Please download this form, then type in requested information.

THIS SECTION TO BE COMPLETED BY THE STUDENT

Student Name: _____ University ID: _____
Department/Program/School: _____
First Date of Leave: _____ Estimated Date of Return: _____

THIS SECTION TO BE COMPLETED BY THE STUDENT'S FACULTY ADVISOR

Will the student be able to return to the graduate program and be capable of performing the essential functions associated with their position in the program?

Yes No If "No," will student be dismissed from the program? _____

Comments or limitations suggested:

Student's Faculty Advisor

Name: _____
Signature: _____ Date: _____

This form should be emailed to the IU Richard M. Fairbanks School of Public Health at pbhealth@iupui.edu within two weeks of student's notification to take leave of absence.