PIHMA
Phoenix Institute of Herbal Medicine & Acupuncture
COLLEGE & CLINIC

Leave of Absence (LOA) Request

Student Full Name: _____

Email: _____ **Phone Number:** _____

Address: _____
Street   Apt. #   City   St   Zipcode

Date: _____   **Last 4-Digits SSN:** _____

Degree: ☐ MSAc   ☐ MSOM   ☐ DAc   ☐ DAcHM

LOA Start Date: _____ **LOA Return Date:** _____

Reason for LOA: _____

_____

I guarantee to return on this date _____. I certify this to the best of my knowledge. It is my understanding that I must participate in early registration. In the event that I do not return on the above date or within 180 days I will be withdrawn from PIHMA.

Steps to Take Before Leaving School:

☐ Meet with Student Accounting Office to determine your tuition account status
☐ Meet with Financial Aid Office to obtain *Refund and return of Title IV Funds* policies. (Required in the event that your do not return on the expected date of return.)

_____   _____
Student Signature   Date

For Office Use Only: SA:_____   FA:_____   Reg:_____