

# Leave-of-Absence EXTENSION

(See Article 8.2 of the Graduate School Policy Handbook for Guidelines)  
Submit to Graduate School N204

THE GRADUATE SCHOOL OF  
BIOMEDICAL SCIENCES

BAYLOR COLLEGE OF  
MEDICINE

Student Name: \_\_\_\_\_ BCM ID#: \_\_\_\_\_

Graduate Program: \_\_\_\_\_ Are you also in the MD/PhD Program Yes No  
US Citizen Yes No

Dates of Extension Request: From: \_\_\_\_\_ to \_\_\_\_\_

LOA Extensions must be Approved by the Dean

REASON FOR EXTENSION OF LOA:

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature Date

## Departmental Approvals

Program Administrator: \_\_\_\_\_  
Signature Date

Financial (SAP) Administrator: \_\_\_\_\_  
Signature Date

ISO (if not US citizen) \_\_\_\_\_  
Signature Date

Major Advisor \_\_\_\_\_  
Signature Date

Program Director \_\_\_\_\_  
Signature Date

## GSBS Approvals

Dean of the Graduate School \_\_\_\_\_  
Signature Date