University of Memphis
Scholarship Office
Personal or Medical Leave of Absence Request
TELS Scholarship Recipients

Complete the information below and return to the Scholarship Office, 107 Wilder Tower. You will be notified within fourteen days regarding your request for a Personal or Medical Leave of Absence. Prior to completing this form, please be advised that a Personal or Medical Leave of Absence may be granted for the following reasons:

- ✓ Illness of the student or illness or death of an immediate family member
- ✓ Extreme financial hardship of the student or student's immediate family
- ✓ To fulfill a religious commitment expected of all students of that faith
- ✓ Other extraordinary circumstances beyond the student's control where continued attendance by the student creates a substantial hardship
- ✓ Participation in an internship or co-op program that is required or encouraged as part of the academic program in which the student is enrolled

Name _____ U I.D. U_____
Last First Middle

Address _____
Number and Street City State Zip Code

* E-mail Address _____ For what semester are you appealing? _____

Summary of Circumstances

Please attach a detailed summary of the circumstances for which you are requesting a leave of absence and attach all supporting documentation (such as a death certificate or statements from medical doctors, advisors, psychologists, etc.) For internships departmentally coordinated or endorsed by The University of Memphis, submit documents with official departmental signatures. Only requests with verifiable documentation will be reviewed.

I certify that all of the above statements and attached documentation are true and accurate.

Student Signature: _____ Date: _____

For IRP Use Only: IRP Request Decision _____ Approved _____ Denied

Signature of IRP Official: _____ Date _____

Comments: _____

* NOTE: You will be notified by e-mail regarding your appeal for a leave of absence

Revised 08/09