Advanced Education Leave of Absence Form

Resident Name: _____

Program Name: _____

Program Director Name: _____

Leave Details

Start of Leave Date (include month/day/year): _____

Estimated End of Leave Date, if known (include month/day/year): _____

Length of Leave, if known (in weeks/months): _____

Return Date (to be filled out when the resident returns): _____

Additional Comments (if any): _____

_____

Signatures

By signing this form:

- The resident acknowledges that their leave may impact their anticipated graduation date.
- The program director understands that they may need to submit a request to CODA for a temporary enrollment increase to accommodate this leave.

Resident Signature: _____ **Date:** _____

Program Director Signature: _____ **Date:** _____