

UAB Military Leave of Absence (MLOA) Application

Name _____ Student Number B0 _____

Address During Leave (if known) _____

City, State, Zip _____

Phone _____ UAB E-mail address _____

Major _____ Academic Advisor _____

Last Term Enrolled _____ Returning Term and Year _____

I will notify the Veterans Services office if I plan to return to school earlier than the period of time listed above.

I am also submitting a copy of military orders.

Student's Signature _____ Date _____