

UM Military Leave of Absence (MLOA)

University of Montevallo
Office of Veteran & Military Affairs, GloCo, Station 6472, Montevallo, AL 35115
crenhawt@montevallo.edu (205) 665-6472

Name _____ UM ID # _____

VA File Number _____ Phone: _____

Address during leave, if known _____

City, State, Zip: _____

Personal email: _____

Class Status: __FR __SO __JR __SR __GR

Major(s) _____

Minor(s) _____

Concentrations(s): _____

Advisor(s): _____

Receive VA or DOD education benefits? If so,
which one? _____

Will you be serving in the:

- ___ US Air Force
- ___ US Army
- ___ US Coast Guard
- ___ US Marines
- ___ US Navy
- ___ Reserve or Special Reserve
Branch: _____
- ___ National Guard
Branch: _____
- ___ Spouse of Service Person
- ___ Child/Dependent of a Service Person

Semester of leave: _____ Semester of return: _____

___ I understand I must submit a copy of my military orders related to this leave.

___ I am aware that changes in my enrollment status will be reported to the VA or DOD if I am currently using educational benefits.

___ I will notify the Coordinator of Veteran Affairs office if I plan to return to school earlier than the period of time listed above.

SIGNATURE _____ DATE _____

RECEIVED BY _____ DATE _____