



**REQUEST FOR GRADUATE LEAVE OF ABSENCE**

This form is to be used for Graduate matriculated students only. Please complete this form and obtain the appropriate signatures before it is returned to the Registrar's Office, Room 217 HN. This form is NOT an authorization for an official withdrawal of courses in progress. When you wish to resume your graduate studies, you must file a readmission application with the Admission's Office.

**PLEASE NOTE:** A leave of absence for a specific period may be approved upon application to and approval of the Graduate Advisor and the Divisional Dean. Such leaves of absences are approved only for reasons of documented disabling illness, maternity, military service, or other unusual circumstances. Leaves of absence extend the time limit allowed for your curriculum. The total time limit for completing all degree requirements is 4 years. Programs in Education, Nursing, Health Sciences, and Social Work the time limit is 5 years.

Leaves of absence may be approved for a maximum of 2 semesters.

Name \_\_\_\_\_  
Last First Middle Maiden or Other

Address \_\_\_\_\_  
Number & Street Apt # City State Zip Code

\_\_\_\_\_ ID# (Social Security #)

Telephone # (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Work

Curriculum \_\_\_\_\_ Date of Matriculation \_\_\_\_\_

Are you currently enrolled in coursework? \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

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(TO BE FILLED OUT BY YOUR GRADUATE ADVISOR AND DIVISIONAL DEAN)

A leave of absence has been granted to \_\_\_\_\_

for the period from \_\_\_\_\_ through \_\_\_\_\_  
Month Year Month Year

GRADUATE ADVISOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DEPARTMENT STAMP \_\_\_\_\_

DIVISIONAL DEAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_