



**LEAVE OF ABSENCE REQUEST**

**Student Information**

Student Name: \_\_\_\_\_ Program/Degree: \_\_\_\_\_

Student ID: \_\_\_\_\_ Entry Year: \_\_\_\_\_ Date Advanced to Candidacy (if PhD): \_\_\_\_\_

U.S. Citizen or Permanent Resident: \_\_\_\_\_

Mailing Address While on Leave:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Terms of Request**

Leave Period From: \_\_\_\_\_ To: \_\_\_\_\_

**Rationale/Explanation for Leave (required field, additional sheets may be attached):**

\_\_\_\_\_

**Signatures:**

\_\_\_\_\_  
Signature of Student Date \_\_\_\_\_

\_\_\_\_\_  
Graduate Coordinator Date \_\_\_\_\_

\_\_\_\_\_  
Department Chair Date \_\_\_\_\_

\_\_\_\_\_  
Student Financial Services (*Students with loans only*) Date \_\_\_\_\_

\_\_\_\_\_  
Office of International Programs (*International Students Only*) Date \_\_\_\_\_

\_\_\_\_\_  
Dean of Graduate Studies and Continuing Education Date \_\_\_\_\_