

DIVISION OF GRADUATE STUDIES AND CONTINUING EDUCATION

LEAVE OF ABSENCE REQUEST

Student Information	on		
Student Name: Program/Degree:			
Student ID:	Entry Year: Date Advanc	Date Advanced to Candidacy (if PhD):	
U.S. Citizen or Perr	manent Resident:		
Mailing Address W	hile on Leave:		
Terms of Request			
Leave Period From:	To:		
Rationale/Explana	tion for Leave (required field, additional s	sheets may be attached):	
Signatures:			
Signature of Studen		Date	
Signature of Studen		Data	
Graduate Coordinat	cor	Date	
		Date	
Department Chair			
	ervices (Students with loans only)	Date	
		Date	
Office of Internation	nal Programs (International Students Only)	Datc	
		Date	
Dean of Graduate S	tudies and Continuing Education		

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