



Request for Leave of Absence

Student Name:

Student ID Number:

Degree:

Program:

Term Admitted:

Requested LOA cannot be more than one year

LOA Start Term:

LOA End Term:

Have you previously taken a leave of absence?

Yes

No

If yes, please indicate the term(s) and year(s) in which the leave was taken:

Reason for requesting the LOA:

I understand there is a time limit for the completion of the degree, and I verify that the degree requirements will be completed within the prescribed time limit.

I understand if I am registered for classes, it is my responsibility to officially drop these classes by completing and submitting a drop/add form. I understand if I fail to request a LOA during the designated drop/add period I am responsible for full payment of tuition.

I understand if I am receiving Student Financial Aid, I must contact the Office of Financial Aid.

I understand that I must contact my graduate program office prior to my return.

Student Signature:

Date:

Program Director
Signature:

Date:

Advisor Signature:
(Only needed if PhD and
post-comps)

Date:

Office of Graduate
Education Signature:

Date:

Approved

Rejected

If approved, attendance to resume no later than: