

	Request f	for a Leave of Absence	<u> </u>	
Student Information:	1			
Legal Name:				
Last		First	Middle	:
Student ID #:		Email:		
Degree:		Program:		
Graduation Term:		Terms of Leave:		
	-			
Justification Please provide a detailed justificat	ion:			
Approvals				
Printed Name		Signature		Date
Faculty Adviser/Program Director				
College Dean				
Graduate Dean				
Students experiencing life changing or Limits policy will be impacted. Considisuccessful continuous progress toward petition for a leave of absence of nomeror a leave of absence must be approved, the registration requirement the suspension of all activities associated.	eration for request submosts the degree, programmoster than one academic and in advance by the factor will be set aside during	nitted after the degree time limit natic changes, and faculty availal year and the maximum number culty advisor or Program Director g the period of leave. Leaves wil	has expired will be imbility. A student who in of Leave of Absence read the Graduate Deal be granted only under	pacted by evidence of s in good standing may equests is two. Requests an. Once the petition is or conditions that require
Counting of the time to the completion continue the program. A student who application for readmission.	n of the degree ceases w	hen a leave of absence is grante	d and resumes when	the student re-enrolls to
Unapproved Leaves of Absence may re International Programs and Services to		= : : : : : : : : : : : : : : : : : : :	-	
Student Signature	Date			
For Graduate School Office Use Only	v:			
	·	te Services Specialist Dat	e	