



WILLIAM & MARY Graduate Arts & Sciences

Non-Medical Leave of Absence Form

Use this form to request a non-medical leave of absence. To request a medically related leave of absence, please contact the Dean of Students Office. If you are unsure what type of leave is appropriate in your case, consult the Director of Graduate Studies in your department/program.

Note: If you are a Virginia resident, prior to registration and before you return to classes you must submit an "Application for Virginia In-state Tuition Privileges," even if you have already submitted the application previously.

International students must consult with the Reves Center about how a leave might affect visa status.

Instructions

Complete the form and attach a formal written request that briefly explains the purpose of your leave.

Signatures required before returning the form:

- Student;
- Advisor;
- Director of Graduate Studies for the student's graduate program;
- Additional signature as needed and indicated on the form.

Return form and formal written request to the Office of Graduate Studies (dean-gsr@wm.edu).

Use your W&M email account when returning forms to the OGS.



WILLIAM & MARY
Graduate Arts & Sciences

OFFICE OF GRADUATE STUDIES
Blow Memorial Hall (Suite 326), 262 Richmond Road
757-221-1966 | dean-gsr@wm.edu

Non-Medical Leave of Absence

Student's Name: _____ Banner ID #: _____

Dept/Program: _____ Degree: ☐ M.A. ☐ M.S. ☐ M.P.P. ☐ Ph.D.

I request permission to take a leave of absence from my program, for the following period of time:

☐ Up to One Semester Semester | Year _____

☐ Up to One Year From Semester | Year _____ To Semester | Year _____

Purpose of Leave: Attach a formal written request to this form that provides a concise summary of the purpose of the leave requested.

Student Signature

Date

Advisor or Director of Graduate Studies comments on conditions/expectations:

Advisor: Print Name | Signature

Date

Director of Graduate Studies: Print Name | Signature

Date

(International Students) Reves Center Advisor: Print Name | Signature

Date

Vice Dean for Research and Graduate Studies Signature

Date

Time-to-degree expires: _____ Revised time-to-degree expires: _____

Admission term: _____

Distribution: ☐ Advisor ☐ Dept/Program ☐ Student ☐ File ☐ Reves Center (if applicable)