

Graduate Application for Leave of Absence

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

DATE: _____

STUDENT'S NAME: _____ BANNER ID#: _____

MAILING ADDRESS: _____ EMAIL: _____

DEPT/PROGRAM: _____ DEGREE: MA MS MPP PHD

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

One Semester: Fall _____ OR Spring _____
year year

One Year: Fall _____ through Spring _____ OR Spring _____ through Fall _____
year year year year

PURPOSE OF LEAVE: You **must** attach a formal written request to this form. Use the section below to provide a brief summary of the purpose of the leave requested.

STUDENT SIGNATURE: _____ DATE: _____

Advisor/Director of Graduate Studies Comments on Conditions/Expectations:

Student's Request for Leave of Absence is Supported By:

ADVISOR: _____
(PRINT NAME) SIGNATURE DATE

DIRECTOR OF GRAD STUDIES: _____
(PRINT NAME) SIGNATURE DATE

DEAN APPROVAL

Time-to-Degree Expires: _____ Revised Time-to-Degree Expiration Date: _____

Admission Term/Master's Program: _____ Date PhD Clock Started: _____

Comments:

Dean of Graduate Studies and Research: _____
SIGNATURE DATE

Distribution: Advisor Dept/Program Student File

