



# 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

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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 to the Office of Graduate Studies and Research



## 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

_____ Dean of Graduate Studies and Research Signature	_____ Date
Time-to-degree expires: _____ Revised time-to-degree expires: _____	
Admission term: _____	
Distribution: <input type="checkbox"/> Advisor <input type="checkbox"/> Dept/Program <input type="checkbox"/> Student <input type="checkbox"/> File <input type="checkbox"/> Reves Center (if applicable)	