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.
Non-Medical Leave of Absence

Student's Name:  William Brown  
Banner ID #:  9399999999

Dept/Program:  Applied Science  
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  
Fall 2025

☐ 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:  ______________________

Graduate Registrar ______________________

Revised 10-31-23