

Leave of Absence Request

Graduate Students may request a leave of absence for a time period totaling no more than one calendar year. For doctoral students, this can occur before or during candidacy. A leave of absence stops the time-to-degree clock.

Student name:			Student ID:	
Student Patriot email address:			Admit Term/Year:	
College/School:			Department/Program:	
Master's student	Doctoral Studer	nt – pre-candidacy	Doctoral S	Student – in candidacy
Requested length of leave of absence: Or		One semester	Two semesters	
For which semester(s) a	are you requesting	g a leave of absen	ce?	
Please indicate the reas Supporting documentati	_		Be as specific	c as possible.
Student signature:				Date:
Program Coordinator na	ıme:			
Program Coordinator signature:				Date:
Department Chair name):			
Department Chair signature:				Date:
Thesis/Dissertation advisor name:				Not applicable
Thesis/Dissertation advisor signature:				Date:
Graduate School Dean	name:			
Graduate School Dean Signature:				Date: