



Leave of Absence Request

This is an interactive form. Please fill it out on your computer. Different sections will appear depending on which options you choose.

Return to: **Graduate Studies, ADM 250. The Division of Graduate Studies will then forward your request to the Registrar.**

Name (Last, First)				University ID #		
Degree Objective		Major		ATC approved	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Email				Phone		

I request a Leave of Absence for the following term(s):

Fall

Spring

Primary Reason for the Leave:

Planned Educational Leave For Planned Educational Leave, attach plan of study showing relationship with degree focus.

Health-Related Leave For Health-Related Leave, attach verification from healthcare provider.

Other Indicate Reason(s)

Academic Standing: You must be in good academic standing to request a Leave of Absence.

Overall GPA:	<input type="text"/>	Semester GPA:	<input type="text"/>	Outstanding INCs:	<input type="text"/>	Date(s) Due:	<input type="text"/>
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Please Briefly Explain The Reason(s) You Are Requesting *Leave Of Absence*:

Student Signature:

I certify that the above and attached information is true and correct. I understand that a false statement or misrepresentation on this form may result in the referral to a Student Conduct Office.

Signature _____ Date _____

Please Obtain the Following Approval Signatures:

	Typed Name	Signature	Date
Graduate Coordinator <i>This student is recommended for a Leave of Absence.</i>			
Department Chair			

For Graduate Division	<input type="checkbox"/> Approve <input type="checkbox"/> Deny	Graduate Dean's Signature	<input type="text"/>	Date	<input type="text"/>
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For Registrar or Designee	<input type="checkbox"/> Approve <input type="checkbox"/> Deny	Registrar Signature	<input type="text"/>	Date	<input type="text"/>
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