



# 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 

Year	
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 Spring 

Year	
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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) 

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

Overall GPA:		Semester GPA:		Outstanding INCs:		Date(s) Due:	
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Please Briefly Explain The Reason(s) You Are Requesting *Leave Of Absence*:

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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
<b>Graduate Coordinator</b> <i>This student is recommended for a Leave of Absence.</i>			
<b>Department Chair</b>			

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