**GRADUATE STUDENT REQUEST FOR LEAVE OF ABSENCE**

**INSTRUCTIONS:**

- Please return form complete with chair of supervisory committee and department chair signature, to Graduate Records in 302 PARK.
- If you are an international student on an F-1 or J-1 Visa, please contact the International Center about requesting a leave (801) 581-8876 or 410 Union.
- Drop/Withdraw from the class(es) for the semester that you are requesting a leave of absence. For assistance please contact the Registrar’s office (801) 581-8969 or 250N Student Services Building, window #13.
- A leave of absence may be granted for a maximum of one year.
- Retroactive leaves of absences are not granted. Leaves of absence form must be submitted no later then the last day of class. [http://www.sa.utah.edu/regist/calendar/datesDeadlines/calendar.htm](http://www.sa.utah.edu/regist/calendar/datesDeadlines/calendar.htm)
- It is your responsibility to register for the semester following this leave of absence. If you need to extend this leave of absence, a new form must be submitted. If you do not register for the term indicated below, you will be discontinued and will need to reapply through Graduate Admission.

**Note:** A student who chooses to drop/withdraw their class(es) should first determine the impact, if any, on tuition benefits, insurance coverage, financial aid awards, loan repayments, etc., which may require evidence of academic enrollment.

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<tr>
<th>Please check one:</th>
<th>□ Domestic Student</th>
<th>□ International Student</th>
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Student Full Name: __________________________________________________________

University of Utah Student ID#: __________________________________________________________

Department: __________________________________________________________

I am requesting a leave of absence beginning: ____________________________     _________

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<tr>
<th>Semester</th>
<th>Year</th>
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I will return: ____________________________     _________

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<tr>
<th>Semester</th>
<th>Year</th>
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Reason:

- □ A serious health condition of the student or family member.
- □ Parental leave to care for a newborn or newly adopted child.
- □ Military service.
- □ Other reason which the student’s department believes is in the best interest of both the student and the University.

Student’s signature ____________________________     Date __________

**Approval Signatures:**

Chair of Supervisory Committee (clearly print name and sign) ____________________________     Date __________

Department Chair (clearly print name and sign) ____________________________     Date __________

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<tr>
<th>□ Approved</th>
<th>□ Denied</th>
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Dean of the Graduate School ____________________________     Date __________

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<th>For Graduate School Use Only</th>
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Entered: ______________     Verified: ______________

For Registrar’s office Use Only

Entered: ______________     Verified: ______________

University of Utah  •  Graduate School  •  201 South President’s Circle  
Salt Lake City, Utah 84112-9016  •  Graduate Records (801) 585-9873