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 <u>no later</u> then the **last day of class**. http://www.sa.utah.edu/regist/calendar/datesDeadlines/calendar.htm
  ➢ It is <u>your responsibility</u> 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.

Please check one: ☐ Domestic Student   ☐ International Student

Student Full Name: _____

University of Utah Student ID#: _____

Department: _____

I am requesting a leave of absence beginning: _____ _____
                                                                           Semester   Year

I will return: _____ _____
                         Semester   Year

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

For Graduate School Use Only
  ☐ Approved
  ☐ Denied _____ _____
                         Dean of the Graduate School   Date

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