Graduate Student Request for Leave of Absence

Graduate students who wish to discontinue their studies for one or more semesters (other than summer term) must file a leave of absence. Officially admitted graduate students who have registered for and completed university credit class(es) may request a leave of absence for a maximum of one year. Retroactive leave of absences are not granted.

Instructions:
1. Drop/withdraw from the class(es) for the semester that you are requesting a leave of absence.
2. Complete the Graduate Student Request for Leave of Absence.
3. Obtain the appropriate signatures.
   - If your program requires a supervisory committee, obtain the Chair of the Supervisory Committee and Department Chair signature.
   - If your program does not require a supervisory committee, obtain the Director of Graduate Studies or Department Chair signature.

International students on an F1 or J1 visa taking a vacation semester or a medically necessary reduced course load of zero (0) credits must obtain additional permission from the International Center prior to submitting this leave of absence.

4. Submit this form on or before the last day of regular term classes for the semester the leave of absence is requested. You will be notified through your UMail account of the action taken.

Note: A student who chooses to drop his/her class(es) should first determine the impact, if any, on insurance coverage, financial aid awards, loan repayments, residential living, etc., which may require evidence on the academic record of course completions and/or enrollments.

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 including the appropriate signatures must be submitted to our office. If you do not register for the term indicated below, you must readmit through the Graduate Admissions Office.

Please check one: [ ] Domestic Student [ ] International Student

Student Name: ___________________________ Student ID #: ___________________________

Academic Department: ___________________________

I am requesting a leave of absence beginning: (circle one) Fall Spring Summer Year: ____________

I will return: (circle one) Fall Spring Summer Year: ____________

Reason for leave of absence: ____________________________________________________________

Approval Signatures:

______________________________ Date ________________________________
Chair of Supervisory Committee (clearly print name and sign)

______________________________ Date ________________________________
Department Chair or Director of Graduate Studies (clearly print name and sign)

I understand that forms submitted without complete information or appropriate signatures will not be considered.

______________________________ Date ________________________________
Student Signature

FOR REGISTRAR’S OFFICE USE ONLY

Approved [ ] Denied [ ] International Student: Yes / No Received International Center Permission: ______

Comments: __________________________________________________________

Entered: _________ Verified: ____________