Petition for a Leave of Absence

Name ____________________________________ SIS ID Number __________________________

Email _________________________ Phone ___________________ Dept. _______________________

Academic Policy on Leave of Absence from Graduate Study

The request must not exceed two consecutive academic semesters. In exceptional circumstances, a leave can be extended for another two semesters. The maximum amount of leave permitted per graduate program is four semesters. A leave of absence does not extend the maximum time permitted for the completion of degree requirements, and a leave cannot be taken while students are on extension of the five-year time limit.

Maternity, paternity or military obligations do not count toward the five-year time limit for degree completion. The length of the extension caused by maternity, paternity or military leave of absence may not exceed two years.

If requesting a medical leave of absence, please provide additional documentation from your health care provider.

I am requesting a:

☐ Leave of Absence  ☐ Military Leave of Absence
☐ Maternity/Paternity Leave of Absence  ☐ Medical Leave of Absence

through:

☐ Fall of ______    ☐ Spring of ______    ☐ Summer of ______

In the space below, provide an explanation to support the reason for the leave of absence if not requesting a maternity, paternity or military leave of absence (please print legibly). You may attach a typed statement if you choose.

Signatures

Student ___________________________________________ Date _______________________

Faculty Advisor _____________________________________ Date _______________________

Department Chair ____________________________________ Date _______________________

International Student Services (Only if you are an international student) __________________________ Date _______________________

School of Graduate Studies ___________________________ Date _______________________

revised 05/06/15