Leave of Absence

Name ___________________________________________ SIS ID Number _______________________
CWRU Email ____________________________________ Expected Graduation Date ________________
Department/Program: _________________________________________________________________

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

for the following term(s):

☐ 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/Program Director _________________________ Date _________________

International Student Services ______________________________ Date _________________

revised 08/09/17