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 _____________

School of Graduate Studies ___________________________ Date _____________

(revised 09/21/17)