



CASE WESTERN RESERVE UNIVERSITY School of Graduate Studies

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.

Parental or military obligations do not count toward the five-year time limit for degree completion. The length of the extension caused by parental 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

☐ Parental 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 parental or military leave of absence. Please print legibly or attach a typed statement if you choose.

Signatures

Student _____ Date _____

Faculty Advisor _____ Date _____

Department Chair/Program Director _____ Date _____

SOM Graduate Education Office _____ Date _____
only if you are in a SOM graduate program

Visa & Immigration Services & Advisors Office _____ Date _____
only if you are an international student

For Graduate Studies Use Only

Date Processed _____

Initials _____

Email Sent ☐