



Leave of Absence

Name: _____ SIS ID Number: _____ CWRU Email: _____

Expected Graduation Date: _____ Program: _____

Academic Policy on Leave of Absence

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 healthcare provider.

I am requesting a:

Leave of Absence

Medical Leave of Absence

Maternity/Paternity Leave of Absence

Military 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 _____

Associate Dean/ Chair _____ Date _____

International Student Services _____ Date _____