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________________