



Office of Graduate Studies

Leave of Absence Request

Please print legibly

Last Name First Name MI Student ID Number

Mailing Address Major

City / State / ZIP Telephone

- Graduate (classified) Graduate (conditionally classified) Graduate Credential
Graduate Certificate

Type of leave (check only one)

- Military Medical Personal Educational *
* Department approval required. See below.

Length of Requested Leave

From (last term enrolled):
To (Year & Term to Return):

Reason for request: This statement must be consistent with University Policy.

Attach verification of all conditions as necessary. Without a clear, concise statement and documentation no action will be taken on your request:

I have read and understand the instructions and policies regarding a Leave of Absence, including my obligation to file an application for re-admission during the initial filing period and pay the applicable fees, if I am out two or more semesters.

Student Signature: Date:

* For Educational Leaves ONLY - Department recommendation required for educational leave

Departmental Recommendation: Yes No

Faculty Advisor / Chair Signature: Date:

Graduate Coordinator Signature: Date:

RETURN COMPLETED FORM TO THE OFFICE OF GRADUATE STUDIES - RFC 206

FOR OFFICE USE ONLY

APPROVED DENIED By: Date:

Comments:

Date Posted: