

LEAVE OF ABSENCE REQUEST

STUDENT INFORMATION

NAME: _____ PROGRAM/DEGREE: _____

STUDENT ID: _____ ENTRY YEAR: _____ DATE ADVANCED TO CANDIDACY(IF PHD): _____

CITIZENSHIP STATUS: Choose an item.

MAILING ADDRESS WHILE ON LEAVE:

TERMS OF REQUEST

LEAVE PERIOD: Choose an item. OF ACADEMIC YEAR _____

TYPE OF REQUEST: Choose an item. TYPE OF LEAVE Choose an item.

REASON FOR LEAVE OF ABSENCE (Required field. An additional sheet may be attached):

SIGNATURES

Student: _____

Date: _____

Advisor: _____

Date: _____

Associate Dean: _____

Date: _____

Approved:

Denied: