

**LEAVE OF ABSENCE REQUEST****Student Information**

Student Name: \_\_\_\_\_ Program/Degree: \_\_\_\_\_

Student ID: \_\_\_\_\_ Entry Year: \_\_\_\_\_ Date Advanced to Candidacy (if PhD): \_\_\_\_\_

U.S. Citizen or Permanent Resident: \_\_\_\_\_

Mailing Address While on Leave:

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**Terms of Request**

Leave Period From: \_\_\_\_\_ To: \_\_\_\_\_

**Rationale/Explanation for Leave (required field, additional sheets may be attached):****Signatures:**\_\_\_\_\_  
Signature of Student

Date \_\_\_\_\_

\_\_\_\_\_  
Graduate Coordinator

Date \_\_\_\_\_

\_\_\_\_\_  
Department Chair

Date \_\_\_\_\_

\_\_\_\_\_  
Student Financial Services (*Students with loans only*)

Date \_\_\_\_\_

\_\_\_\_\_  
Office of International Programs (*International Students Only*)

Date \_\_\_\_\_

\_\_\_\_\_  
Dean of Graduate Studies and Continuing Education

Date \_\_\_\_\_