REQUEST FOR LEAVE OF ABSENCE

Name _____________________________________________________________

Last First MI Student LD. #

Email _____________________________________________________________

Department __________________________

Date Entered _______ Expected Graduation Date: _____________ Advanced to Candidacy _______

Leave will begin __________________________ Return from leave __________________________

Quarter Year Quarter Year

Reason for requesting Leave of Absence: __________________________________________

__________________________________________

I understand that:

1. A Leave of Absence is granted for sound educational reasons, health reasons, financial problems, or family responsibilities and is valid for no more than one year, but may be extended if there is sufficient justification.
2. The use of University faculties is not permitted while on leave.
3. All financial aid (GSA, TA, Fellowship) terminates on the effective date of this leave.
4. Any University employment, staff or academic, must be reported to Graduate Studies.
5. Readmission is contingent upon any conditions set by your Department or the Graduate Dean.
6. Readmission will automatically be effective for the quarter of return you have indicated, provided that your total leave time is three quarters or less. The Registrar's Office will mail you a registration bill at the address listed in AIS.
7. Students who are advanced to candidacy and take a leave of absence forfeit eligibility for any future In-Candidacy Fee Offset Grant (ICFOG).
8. Students who fail to reestablish contact with their department within thirty days following the expiration of an approved Leave will be administratively withdrawn from the University.

Date __________________________ Signature __________________________

REVIEW (Conditions for readmission, if any):

Date __________________________ Adviser __________________________

Date __________________________ Department Chair __________________________

Date __________________________ Department Assistant __________________________

Date __________________________ International Student Services (foreign graduate students only) __________________________

Date __________________________ Dean of Graduate Studies __________________________

Distribution: Graduate Studies, Health Center, Registrar, Department, Student

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