# Request for

# LEAVE OF ABSENCE

|  |
| --- |
| **To:** Dean of The Graduate School |
| **From:** Program Director: |  |
|  | Director’s name**/**Program name |

***Student Information:***

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | ID Number: |  |
|  |
| Degree/Program: |  | Major: |  |
|  |
| Currently registered? [ ]  Yes [ ]  No | Date of Admission: |  | GPA: |  |
|  |
| International Student? [ ]  Yes [ ]  No |
|  |
| Has the student had a previous LOA? [ ]  Yes [ ]  No |
|  |
| If Yes, how many and when?  |

## *Current Request:*

|  |  |
| --- | --- |
| Specify which semesters for LOA |  |
|  |
| Specify when returning to continue |  |
|  |
| Current Transcript Attached): [ ]  Yes [ ]  No |
|  |
| Justification(indicate if attached): |

Student Signature/Date (or attach): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***DGP Signature/Date:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Approved for the Graduate School by:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature/Date