

## REQUEST FOR LEAVE OF ABSENCE

**NOTE:** To be eligible for a leave of absence, a student must be in good academic standing. During the leave no formal academic progress can be made. The maximum time for a leave of absence is one academic year.

Student's Name _____	ID _____	
Address _____	Phone _____	
	Email _____	
Program: _____	Degree Intent: _____	Date Entered: _____

Period of leave requested: \_\_\_\_\_ through \_\_\_\_\_ Have you received previous leaves: \_\_\_ No \_\_\_ Yes  
(month/year) (month/year)

**SECTION I – to be completed by student.** Please explain the need for a leave of absence from graduate study. If space is not adequate please attach an additional page.

**SECTION II – to be completed by the program.** Please indicate your support/non-support of this request. If you approve, please describe any program requirements the student must meet to resume his/her enrollment. If space is not adequate please attach an additional page.

\_\_\_\_\_  
Date of Approval Signature of Advisor

\_\_\_\_\_  
Date of Approval Signature of Program Director

\_\_\_\_\_  
**Graduate School Action:** Date of Approval Date of Denial Signature of Dean

**INTERNATIONAL STUDENTS** must obtain approval from the appropriate office: Reynolda students (Center for Global Programs and Studies) and Bowman Gray students (Elizabeth Whitsett, Graduate School office).

\_\_\_\_\_  
DSO Signature Date: \_\_\_\_\_

*Please return to the Graduate School office once completed.*