

REQUEST FOR LEAVE OF ABSENCE
Graduate Studies, Dietrich School of Arts & Sciences, 5141 Sennott Square

Name of Student: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Department: _____ PSID#: _____

Leave requested: From (date) _____

To (date) _____

Reason for request: _____

Student signature & date: _____

I understand that approval of this leave does not exempt me from the University requirement to be registered appropriately in the term I require University facilities or faculty time.

Departmental approval: Name: _____

Title: _____

Date: _____ Telephone #: _____

Doctoral Candidates Only:

Date of Ph.D. Comp Exam Passed: _____ or Scheduled: _____

[Note: The 7-year statute for completing the Ph.D. comprehensive is never waived.]