Graduate students who wish to discontinue their studies for one or more semesters (other than summer term) must file a leave of absence. Officially admitted graduate students who have registered for and completed university credit class(es) may request a leave of absence for a maximum of one year. Retroactive leave of absences are not granted.

- International students on a F1 or J1 visa taking a vacation semester must obtain permission from the International Center prior to submitting this Leave of Absence. Leaves for international students will only be approved for one semester. Permission granted by: ___________________________ Date: ________________________

Instructions:
1. Drop/withdraw from the class(es) for the semester that you are requesting a leave of absence.
2. Complete the Graduate Student Request for Leave of Absence.
3. Obtain the appropriate signatures.
   - If your program requires a supervisory committee, obtain the Chair of the Supervisory Committee and Department Chair signature.
   - If your program does not require a supervisory committee, obtain the Director of Graduate Studies or Department Chair signature.
4. Submit this form on or before the last day of regular term classes for the semester the leave of absence is requested.

**Note:** A student who chooses to drop his/her class(es) should first determine the impact, if any, on insurance coverage, financial aid awards, loan repayments, residential living, etc., which may require evidence on the academic record of course completions and/or enrollments.

It is your responsibility to register for the semester following this leave of absence. If you need to extend this leave of absence, a new form including the appropriate signatures must be submitted to our office. If you do not register for the term indicated below, you must readmit through the Graduate Admissions Office.

Please check one:  

1. Domestic Student  
2. International Student

**Student Name:** ___________________________  **Student ID #:** ___________________________

**Academic Department:** ___________________________

I am requesting a leave of absence beginning: (circle one)  
Fall  
Spring  
Summer  
Year: __________________

I will return: (circle one)  
Fall  
Spring  
Summer  
Year: __________________

**Reason for leave of absence:** ___________________________

**Approval Signatures:**

_________________________________________  ___________________________  Date

Chair of Supervisory Committee (clearly print name and sign)

_________________________________________  ___________________________  Date

Department Chair or Director of Graduate Studies (clearly print name and sign)

I understand that forms submitted without complete information or appropriate signatures will not be considered.

_________________________________________  ___________________________  Date

Student Signature

**FOR REGISTRAR’S OFFICE USE ONLY**

<table>
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<tr>
<th>Approved</th>
<th>Denied</th>
<th>International Student: Yes / No</th>
<th>Received International Center Permission:</th>
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Comments:_________________________________________

Entered: __________  Verified: __________

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